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## INSANITY AS THE WORLD SEES IT.

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C. C. GODDARD, M. D., Leavenworth, Kas., Pres. Kansas Med. Society.

Read before the Southwest Medical Association, October 20, 1908.

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There is probably no disease, or disturbance of the human economy, so little understood by the social and business world as that of mental disease.

To the average man a person is not considered unsound mentally, unless, the patient is overwhelmed by some super-acute mania, or a very markedly depressed condition of melancholia.

The popular idea of an insane individual is that of a person devoid of all sense and appreciation of environment. Many think that the afflicted must even howl, froth at the mouth and seek to commit homicide on all those with whom they may be thrown in contact; tear their clothing; destroy all articles that are breakable; fail to recognize their relatives and friends, before the world at large will admit, with a sigh, that the poor wretch is, in their opinion, insane. They do not seem able to comprehend that a person may be very sane in some particulars and very insane in others; in fact that a man may carry on a very learned discussion on various topics and be very lucid and far seeing in his deductions and yet when about to take his departure refuse to shake hands, with a remark that "I cannot shake hands with you for I am as you are aware, a brass kettle." Now a man can hardly have such a delusion and still be considered sane. So long as the daily affairs do not intrench upon their peculiar hobbies, or obsessions, these people may pass muster in any crowd as being perfectly sane, but, let such an infringement occur and then all of their acts and talk will show the mental warp. A great many of the peculiar ideas amongst the laity, is due to the stories by which they are frightened when in

childhood, or by ill-advised books that portray the insane character in the very atrocious acts of a madman.

This misconception, at times, is a stubborn thing to combat and much injustice to families and friends is imposed; because, those having these erroneous ideas, rapidly imbue others, even juries and judges, with the belief that an injustice is contemplated by those directly concerned; especially should there be a property of any magnitude involved. Fear of this unkind censure causes many families to desist from trying to protect the patient, as well as themselves and are compelled to placidly look on while the man wastes his substance, carrying out vagaries instead of safe investments, reaping shadows rather than dividends and often lining the pockets of the so-called friends who maintain his sanity, but, do not hesitate to take advantage of his mental incapacity.

The public is, to say the least, illy informed as to what constitutes insanity, unless it is portrayed by some typical form as before mentioned. The paranoic is almost safe from restraint, if he happens to have plenty of money he can carry out his fads, fancies, even murders, as he pleases and the "sympathetic" public will hunt for excuses to save him from the fate that is soon meted out to his fellow, but penniless, paranoic and who is consequently friendless; the latter deserves his fate says the public; the former must be saved at all hazard says the same and if finally it should be necessary to let his malady be known, send him to some retreat, temporarily, till sentiment dies out and where he can be smothered in flowers by his paranoic female colleague and fed on the fat of the land by a money-loving municipal government. He **must** be saved; he was but temporarily deranged; let him out to kill some more of us, they cry. Too bad he can't be allowed to kill some of them, it might relieve the pressure of the air that people have to breathe.

The paretic is another type seemingly incomprehensible to the public. The poor wretch, when in the clutch of his destruction, mentally and physically, is often abandoned by his family and friends, without credit being allowed him as being fatally ill and irresponsible for what he does. And when it is explained to them that his condition is hopeless, that he is rapidly nearing the time he is to appear before the Bar of Judgement, they will maintain that, to them, he seems sane enough, he can talk about many things well, he knows people, he realizes what he desires to eat and drink, how can you make out that he is insane and he still able to do all these things? "Seems to us that he is simply showing his true self and probably he has been bad all along." This sort of talk is

met with every day and it seems pitiful that otherwise educated people can be so narrow and ill-informed.

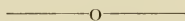
Maniac-depressive type is another and the last that we will mention, using a case to portray our point; suffice it to say that some six years ago a wealthy merchant, one of a large firm, had his first attack of maniac trouble. He started out with the stage of exhilaration, he wanted to buy everything, summer resorts, farms, houses and in fact everything that was mentioned in his presence, until finally the other members of the firm became alarmed and tried to remonstrate with him; they found him unreasonable, intolerant of criticism and a forced dissolution of the partnership ensued. Having then free rein he kept on until badly embarrassed financially. At this critical time the stage of depression set in accompanied by repentance, self-accusation, the begging of forgiveness from his family, who had suffered in silence his villifications and threats for about a year; he was induced, at this time, to go east to a sanitarium where the diagnosis of maniac-depressive insanity was made and the future course of his trouble outlined to his family. Soon again came the stage of exhilaration with its set of suspicions, accusations, the family's frights and unbearable worries, cursing of wife, epithets of yellow dogs and bastards for his children; dabbling in business ventures to the limit, until relief came with the depression—and these repetitions were borne, for fear that the public would say that the wife and children were trying to put the old man out of the way, that they, might have the spending of his money. The last attack, and the present one, is seemingly worse than any of its predecessors and began about eight or nine months since. In this exhilarated stage he became imbued with the idea, more than formerly, that his family physician, wife and children were putting poisons in his food, trying to get him to take medicine to destroy his mind, hazarding still greater sums than ever before in hair-brained schemes; this became so unbearable that finally his physician and immediate family determined to try and have him restrained. This course was only adopted after he had paraded the streets and stores exploiting his imaginary troubles at home, dubbing his wife a prostitute, his sons bastards, even offering to fight any that dared to differ from him and at once accusing them as being in the scheme to make him crazy. The first step was to get the aid of his principal business adviser. Much to their surprise, after all that had happened, this wise (?) man told the doctor and relatives that the old man was not insane in the least: "Why," he exclaimed, "he has a better idea of what business ventures look good, than he ever had, for instance, this



White City he is building." The son said: "Father wanted you to go in that scheme with him. Did you invest?" "Well, no, I did not, but, he talks lucidly and brilliantly. He is sane I say; if anyone is insane, you are, for even making such an accusation against him."

Now, that is it, he knows things, knows what he wishes to do, but at the same time the ventures he was contemplating were too risky for the adviser's money, yet he could see nothing insane in the man wishing to invest a fortune in the undertaking, knowing at the same time the kind of talk he was indulging in about the poisoning, enmity of family, and so forth. The man was sane, he said, because he could talk brightly, even if he did go about accusing his family and physician of putting poison in his food, going through large stores, as well as, on the streets, denouncing his poor, faithful old wife as a prostitute, and applying all sorts of epithets against her, shouting that his sons were yellow dogs, bastards, and ordering them from their home, all this he says is sane! And what he says, the world at large is saying every day in relation to other cases just as well marked.

It is time that the teacher was abroad in the land; it is time that the over-drawn works of fiction were censored somewhat. The public should realize, if possible, that a man does not have to become **idealess, senseless and a mere automaton** to be insane, therefore a fit subject for restraint and protection, both physically and financially.



## SHOULD THE STATE MAINTAIN SANATORIA FOR TUBERCULOUS PATIENTS.

By DR. J. A. MILLIGAN, Garnett, Kansas.

Read before the Kansas Medical Society, May 7th, 1908.

In the complex sociology existent at the present time in civilized countries certain duties are recognized as falling upon society at large and are therefore assumed by its representative, the State. Among such duties some of those particularly interesting to us as physicians may be mentioned, as the support and education of defectives, mental or physical, such as imbeciles, epileptics, the blind, the deaf and dumb, the insane, for all of which expensive institutions are everywhere maintained. Then we have maintained by counties or municipalities hospitals for the sick and injured, and for those afflicted with contagious diseases, not alone for their

own benefit in the way of better care and treatment, but for the protection of the community.

Tuberculosis has been recognized in late years as contagious, and as the disease is generally very long lasting, is much more amenable to treatment than was formerly supposed, and as its spread may be and has been easily checked under proper regulation, many states have appointed commissions for its investigation and for the establishment of properly located sanatoria for its sequestration and treatment. This would seem to be a duty more properly devolving upon the state than upon the city or county, by reason of its great cost, and for the further reason that climatic and sanitary location is especially to be desired, which could not be secured in every town or county.

The mortality statistics of the Great White Plague would be appalling were it not for the promising fact that in the last twenty years, by reason of the better understanding of the disease, there has been a very great decrease in the death rate. A few years back from one-tenth to one-seventh of all deaths were attributed to consumption, but already prevention and cure have made marvelous strides. In the 1907 report of the Massachusetts commission on tuberculosis, I find that in 1875 there were 5800 deaths from tuberculosis in that state, that being at the rate of nearly 35 per 10,000 inhabitants, whereas in 1905, thirty years later, only 4600 or about 16 per 10,000 succumbed to the disease.

One author (Miller, Boston Medical and Surgical Journal, December 22, 1904) says: "Statistics of tuberculosis show conclusively a marked decrease in the death rate during the last twenty years. For the countries whose statistics were available it is not too much to expect that tuberculosis will die out in this country." To quote further from this same author: "The most careful investigators are agreed that tuberculosis is directly communicable from one person to another. They consider the dried sputum a source of danger, but the spray from a coughing, sneezing patient in the last stages of consumption is a much greater danger. They consider a hospital for the consumptive poor when in the last stage to be a necessity if we are to prevent the spread of the disease effectually. With proper precautions the danger of infection from a consumptive may be reduced to almost nothing."

In the report of the State Board of Health for Kansas, 1906, Dr. Crumrine states that consumption has increased among native Kansans in the past decade rather than diminished. He further states that nearly every state east of the Missouri river has one or more institutions for the tuberculous poor, and that the statistics of

sanatorium treatment indicate that from forty to sixty per cent of tuberculous cases are cured, which in Kansas, he says, would mean a saving of from 350 to 650 lives each year in the state. These are demonstrable facts and would seem to show that we are distinctly behind the times in our eleemosynary institution. Germany has over 200 government sanatoria for consumptives. How much money are we now spending for the care of insane the, epileptic and moral degenerate, all non-contagious and practically incurable conditions, while the great white plágue ravages our state unrestrained, when proper treatment and environment might save hundreds of lives annually. A human life is a human life, so that it might be hard to make a comparison, but when considered from the standpoint of value to the state or to society at large, we would perhaps be safe in saying that the life of a mentally and morally sound person would be worth more than a great many lives of insane and moral degenerates who are so tenderly cherished in our state institutions, and these consumptives are largely bright and moral people.

But the saving of from forty to sixty per cent of those already afflicted with tuberculosis is but a small part of the work accomplished by these sanatoria. The great danger of infection from association with a consumptive has been fully established. A patient housed up in the ordinary modes of life common to the poorer classes of people is almost certain to infect from one to five other members of the family, and to leave about the premises enough bacilli to continue the contagion as long as the life of those germs endures. The removal of this patient to a sanatorium as soon as it is determined that he is a consumptive, not only gives him a better chance of being cured, but it at once stops all danger of these other persons contracting the disease. It has been demonstrated that the removal of a babe born of a tuberculous mother from her care and presence will save it from contracting the disease, and how many babies and children do we find in these nests of contagion crawling about the floors and inhaling the infection with every breath.

Education of the people would of course aid greatly in this prevention, but it is hard to accomplish. The board of health stands ready to mail printed instructions to families subject to this danger, but how many physicians report these cases to the health officer, or provide their patrons with the proper instructions.

There might be some question as to whether the erection and maintenance of sanatoria for the tuberculous should fall upon the state, nation, or municipality, and this is in a measure answered in the report of the Massachusetts commission submitted in 1907.



I may be permitted to quote somewhat from this document which Dr. Crumbine loaned me. This report says: "The decrease in tuberculosis has not yet become so rapid as to encourage one to believe that the situation will soon become less serious. The conditions will remain the same until every city and large town realizes the absolute necessity of erecting small hospitals on the outskirts of the municipality, in which to place all advanced cases which cannot be treated properly at home. If one pauses long enough to think how many cases there are in the state of Massachusetts at the present time, probably twenty-five per cent of which ought to be in a hospital, he will perceive that even the commonwealth of Massachusetts cannot afford to build sufficient accommodations. Hence, it is the hope of the commission that municipal governments and public spirited individuals will erect hospitals, at any rate in the localities where the disease is most prevalent, in order to aid the State in attempting to solve a difficult problem." The report goes on to state that Boston and Fall River have already erected sanatoria, and then recommends the erection of these state sanatoria in addition to the existing one at Rutland. This report recommends the erection of large frame hospitals on the ward plan, each a tent having a separate room the south side of which is all window. It estimates the cost of a sanatorium accommodating 100 patients at \$50,000 or \$500 per patient, and the weekly cost at from \$7 to \$9 per patient, which merely shows that to undertake this work on a large scale and properly would be very expensive. We must remember, however, that a hospital which has accommodation for one hundred patients at a time may handle upwards of 1,000 annually, which does not seem so bad after all. Sanatoria may be erected at an average cost of about \$200 per patient on the tent house plan with a substantial administration building, as described in a reprint from the military surgeon, resembling the Maine hospital sanatorium maintained by the United States government at Fort Stanton, New Mexico.

The title of our discussion is, should the state maintain sanatoria for tuberculous patients? If the word state is used in its broadest sense signifying the government or the nation, probably that would place the duty upon the right shoulders. It is too large an undertaking to be handled by a community or one of the federal states, but must be borne in part at least by the nation. Probably each one present may have recently received some literature from the Committee of One Hundred on National Health, which is struggling to have a department of health established in the Cabinet. One of these little circulars shows how our central government is

shirking these great problems and shifting the burdens on to the several states which are not able to sustain them. Dr. Chas. Harrington, of Boston, who addressed the A. M. A. on the subject of state's rights and national health, has expressed the same ideas so emphatically that I want to read a paragraph of his oration, even though you may all have read it. (The Journal of the A. M. A., June 13, page 1957, 1st column.)

"We are a commercial nation, and human life and freedom from the preventable diseases of mankind are no part of foreign or domestic trade. It is otherwise with the diseases of plants and of the lower animals, for the products of the fields and farms and cattle ranges bring us great wealth. Hence Washington spends millions annually on plant and animal physiology and pathology. It is good business to expend thousands and tens of thousands against sheep scab and swine cholera, but the eradication of human tuberculosis appears to be unworthy of national effort, if it entails national expenditure. The Department of Agriculture expends millions and millions annually to promote great crops and to aid the slaughtering industry; it experiments at great cost to devise means of gathering grapes of thorns and figs of thistles; but the government appropriates nothing to conserve the health of man. We are a commercial nation. Human health and human diseases are of minor commercial importance; swine erysipelas and chicken cholera are important, for they mean loss of money. Washington has no regard for Matthew vi, 26, 'Behold the fowls of the air; for they sow not, neither do they reap nor gather into barns; yet your Heavenly Father feedeth them. Are ye not much better than they?' Changing the substantive of Matthew x, 31, might not Washington properly say: 'Fear ye not therefore, ye are of more value than many swine?' Is the health of the people at large unimportant in comparison with that of wheat, cotton, poultry, swine, cattle and sheep? From a national point of view, as expressed by Washington indifference the answer appears to be, 'Yes, we are a commercial nation.' Contrast the outbreak of yellow fever in the gulf states in 1905, and that of foot and mouth disease in New England, in 1902. For the eradication of the epidemic, Congress appropriated not a cent; to stamp out the epizootic it allowed five hundred thousand dollars, the greater part of which was paid to the owners of the cattle which it was necessary to slaughter and destroy.'

The subject of tuberculosis is perhaps the most important before the medical profession, for the reason that it is the most promising in the line of prevention and cure and is so universal in its application. Vaccination has nearly annihilated small pox, the extermination of certain mosquitoes bids fair to blot out malaria and yellow fever, antitoxine takes much of the dread from diphtheria, but all these terrible maladies together never claimed a tenth part of the victims that consumption sweeps off the earth. The size of the army of consumptives and the success which has attended the efforts at prevention and cure in the light of modern research, render this one of the most important subjects which can be considered, and would seem to impose upon town, state and nation the duty of providing suitable hospitals for the care of these patients and a system of reports, supervision and instruction for the prevention of its further spread.

## DISCUSSION.

Dr. S. J. CRUMBINE, of Topeka.—One of the things in which future generations will wonder at perhaps more than any other one thing, is that this appalling loss of life from tuberculosis has been going on so many years in this country without interference or attempted interference by the national or state government, until recently. The annual tribute to this scourge in the United States is 150,000 yearly, as given by the Census Bureau. In Kansas I want to correct Dr. Milligan's figures as being 500 deaths a year. There were about one thousand a year for the past year. For 1907, for the counties thus far reporting, it would make the death rate 65 per one hundred thousand. I have taken the precaution of getting statistics for use before the next session of the legislature. If the other counties keep up the same ratio we will have at the rate 1170. Sanitoriums are accustomed to number the cases by multiplying the death rate by three. This would give 3510 cases in the state at this time. That is sufficient to arouse our apprehension. Scattering infected products, coupled with the tuberculous dairy cow, I think are questions the physicians and people of this state are confronted with, a problem worthy of their attention, and the suggestions offered by the doctor in his admirable paper is one of the things we should endeavor to bring to pass at the next session of the legislature. There are several interesting sides to this problem. It is its sociological and sanitary and economic side. We cannot hope to cope with the problem until there is some means of prevention, and I think the institutional treatment is the best treatment for this class of cases. Not that the same drugs, etc., even the same surroundings, might not be had at the home, but there are certain restrictions which these patients must be kept under to prevent infecting themselves as well as those of the household who are still well, and that cannot be had at the home. Somehow it is strange, but nevertheless true, that no matter how careful the average patient may be in the household, immediately he is out on the streets he thinks he has a perfectly proper right to expectorate on the streets or the sidewalk or anywhere else, and thus the infection is spread. It is not an imaginary picture when I say to you that coming down the principal streets of any of our cities in this state, a large amount of fresh expectoration thrown on the sidewalk or on the street, immediately there is a congregation of flies attracted and feasting on that mass, and a person comes along and they troop into the restaurant next door or the sidewalk display of produce, and we have an infection of fresh live germs. As I say, the only way we can have control is through this institutional treatment. One of the most pathetic letters I have ever received was from Jefferson county about a year ago, an appeal from the daughter of a woman sick with consumption; she said "Cannot you help me; my mother has been sick for two years, and my sister and I have been taking care of her, and my sister has just now died, having contracted the disease in the meantime. Mother is still living and my two married brothers refuse to come here and help us. They are afraid and I cannot get any of the neighbors to come in and help us, and I am worn out, and I appeal to you to come and help us." I was compelled to write to that woman with tears in my heart, if not in my eyes, we are powerless to do anything for you. What a state of affairs that is, the great state of Kansas is not able to lend assistance to a case of that kind. The courts have decided that a life is worth \$5000.00 in the state of Kansas. There are other states where they are worth more. I know the majority of those cases occur in the prime of their young life. If a life is worth \$5000.00 in Kansas, we have the enormous economic loss of \$5,800,000.00 annually. I think we could well afford to spend fifty or one hundred thousand dollars in order that we might save in a small measure this great drain. We may not expect to have this bill passed simply because it carries an appropriation of a few thousand dollars, unless the physicians of this state rise up and demand this enactment. I think it is time we stop begging for those things for the health interests of the people and demand a few things, and this is a thing I think we should do.

Dr. G. H. HOXIE, of Rosedale.—I think the Kansas Medical Society is practically in favor of sanatorium treatment for tuberculosis, and it becomes merely a matter of presenting the opinion of this society in the most forcible way, and I therefore would suggest in our deliberations this afternoon



and in the recommendations given out from this society you may consider something of the ways and means of establishing such a sanatorium. For instance, just now there is a tremendous demand for the unification of the state institutions, that we do not establish more separate institutions; in fact, that we should gather together those we now have under one management, that is, centralize and make it more economical. I think the society should recognize that feeling, and try in presenting recommendations to the state legislature, to present a plan for such sanatorium work in connection with some of the organized forces already in the state, and instead of burdening the state with an extra expense for the administration of a separate institution, try and arrange it with some of the present ones. For instance, I believe it would be very good policy to have it under the State Board of Control, and if possible lined up in close proximity to some of their present institutions. I don't believe the difference in the climate between the western part of the state and the eastern part of the state is going to be sufficient to make the one location very much better than the other. It is the character of the conditions and the treatment given that will count. Therefore, I suggest whenever the recommendations of this society are put in, they be put in such definite form that they will not be scattered, but will have some force with the legislature.

Dr. S. S. GLASSCOCK, of Kansas City.—I think there is no subject that should be of more interest to the State Medical Society than this. I perhaps have more of an opportunity to observe the evils of tubercular cases in Kansas City, Kansas, than in most any city in the state, because of its large size. It is not an unusual thing to observe an entire family die from tuberculosis, not all at one time, but other members of the family become infected. I know of one family of five members, all promising young people, all died of tuberculosis. As Dr. Crumrine has said, of course we can in a measure carry out some regulations in the home but in many homes this is impossible. It is very difficult to carry them out as they should be for several reasons. Take some of the poorer colored families, they have not any home where these regulations can be carried out. That is true of the white families, some of them, as well, so it is impossible to carry out the regulations where one part of the family has the disease and the others sleep in the same room in contact with that case, and it is only a question of time until quite a number of the family are wiped out by the disease. Dr. Hoxie spoke about putting it under the Board of Control; that is probably a good thing. I think, however, he is mistaken about the effects of the atmosphere in different parts of the state. I should prefer the western part of the state. There is no better place in the United States for this class of diseases than western Kansas. I have had occasion to observe cases sent there from other towns in Kansas, and these cases, a large per cent of them have gotten well, a larger per cent than I have been able to observe in the eastern part of the state. It was perhaps due to the fact they didn't live out of doors as much in the eastern part as in the western. This disease is more common than smallpox, scarlet fever, diphtheria or any other contagious disease, and as members of the medical profession we cannot afford to have these germs scattered around in our town. We cannot go up and down the street when the wind is blowing but what out of that dust you can get tubercle bacilli, and when we consider the wide spreading of this disease and its fatality under ordinary conditions, especially in the poorer home where they are not able to go somewhere and can be cared for—if we are going to do anything to benefit the people of this state, it is important that as members of the medical association, we take a hand in this matter and attempt to remedy it. A committee from this society of live, wide-awake men that are familiar with the workings of the legislature that will go before the committees of the legislature and present this thing and impress it upon them and give them to understand what they have to deal with, and the urgent necessity of this thing—it is a very easy matter, I think. While it is difficult of course to get anything that carries an appropriation, yet if the members of the legislature could be given to understand distinctly and positively the great need, of this, the greatest need of anything in the state of Kansas, if we can impress that upon the legislature, and a few men go actively to work in the legislature and give those men to distinctly understand what we want and why we want it, that

it is not for the benefit of the medical profession, but for the benefit of the people at large of the state of Kansas, and if each man from the various counties of this state will impress it on his own representative, in a little while we can create sentiment that will get us any amount necessary to do this. It seems to me the greatest need at the present time is for the medical profession to move to the front, and in future generations we will realize we have done something of more importance to the state of Kansas than anything else we can possibly do.

Dr. P. P. TRUEHART, of Sterling.—I have heard the paper and enjoyed it and I agree with the gentlemen who have spoken, that it is a very important thing, and I move you a committee be appointed to formulate some plan and present it the next meeting of our legislature.—(Motion seconded)

Dr. S. J. CRUMBINE, of Topeka.—Just for the information of the gentlemen, I wish to say the Board of Control have that matter in mind and expect to present a bill. The State Board of Health and the State Board of Control are working in harmony on this proposition and the State Board of Control expect to present a bill. It is for the physicians to get behind and boost.—(Motion carried.)

Dr. E. J. LUTZ, of Kansas City.—I don't think it is necessary to appoint this committee. The committee on medical legislation is the committee which looks after those matters, and it is appointed by the State Society and beside that you have a member on the National Medical Legislation Committee, and all those matters should come before that committee. As Dr. Glascock has stated, a little work has been done along that line. You cannot do any work after the legislature is in session when all the politicians in the state are working for this and that. The time to work is at the primary and before the primary. Then is the time to say: "Gentlemen, we want these things. How do you stand and where do you stand?" And the only way to do is through the committee on medical legislation. I want to say, along that line, speaking of the large cities, Kansas City, Kansas, having a population of 100,835 people last year, we had 11.62 per cent deaths of tuberculosis; the year before we had 11.45 per cent, so it shows it is increasing, and the only way to stop it is to stop the cause, like you would do in stopping other diseases, and that is to kill the tubercular cattle, which in the larger cities is 12 per cent. You go down to Texas and you find tuberculosis among the cows is one-half of one per cent; in Iowa in some counties it runs as high as 35 per cent. Not very long ago a load of hogs was sent from somewhere in Ohio to the stock yards in Kansas City, Kansas, and they found out of five thousand hogs 75 per cent had tuberculosis. You know who eats those hogs. Armour Packing Company found from a certain county in Kansas 15 per cent of tuberculosis. They stopped buying those kind of cattle. They are shipped somewhere where the regulations don't forbid the sale and use of that meat, and they are used up. You will not succeed unless you go behind your legislature and have ways and means adopted. I think the speaker made a mistake in saying the state should have such an institution; I think he should have said it **must** have such an institution. You as physicians when you go out practising in the county, and your families that have confidence in you, impress it on them to go to the representatives and senators and ask them to fight for that bill and other similar bills that benefit mankind. The physician never does anything to benefit himself, he always does things to benefit mankind, and the public at large looks with suspicion on those things.

Dr. MILLIGAN:—(Closing the discussion).—The only thing I want to say is in regard to the last clause of the paper in which I speak of its depending on the physicians in the state of Kansas. Last winter and the winter before I was in the legislature, and there was a bill introduced there by the Committee on Public Health and Hygiene, which had been recommended by the Kansas Medical Society, that is the legislative committee of the Kansas Medical Society. That bill went before the committee on Appropriations and there it laid. While the physicians in the house approached almost every member in that house, and in fact talked with every member of the committee on appropriations and ways and means, and they all said it was the proper thing to do, but they had no instructions from their people at home, they didn't know how the people at home would feel about it,

and they knew one thing, the people at home were very sensitive about increasing the taxation, therefore they didn't care about taking up this thing until they had an expression of sentiment from their own county. If we ever get that sentiment we have got to start it through the physicians in the state of Kansas, and we have got to labor with the representatives, as Dr. Lutz and Dr. Glasscock have stated. I am satisfied we will never get it in any other way. It depends on the efforts of the physicians of this state and they must do the work before the meeting of the legislature.

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## THE GOAT—NOW LAUGH.

By DR. J. E. MINNEY, Topeka, Kansas.

Read before the Clay Center Medical Society, April 19, 1908.

The goat has been the friend of man since time immemorial. The Angora goat is now taken seriously in America since the value of its fleece for clothing is known. But there is a careless indifference shown and even a stigma cast on the milch goat. This is because of our ignorance, as a people, of the value of goat's milk. Not only of its value as a food, but of its cheapness and freedom from tuberculosis and its superiority to cow's milk." The Bureau of Animal Industry has published a bulletin, No. 68, "Concerning the Milch Goats," which every physician should read.

It seems strange to us, that the American physician is so slow to take up with a food, especially an important food, for which he is eagerly and anxiously seeking for his patients: That he is constantly hunting for a substitute for mother's milk: when he knows that all the food preparations on the market are, as a rule, inferior to cow's milk and that he is behind the poorest classes in Switzerland, Italy, Germany, Austria, France, Norway and Spain in a knowledge of the food value of goat's milk. It is superior in most respects to cow's milk. The yield of the goat is greater than that of the cow, when compared to size and the amount of feed required to keep them. It is said that 75 per cent of the households of Germany keep goats. But few of this 75 per cent would be able to keep a cow, and hence the economic side. In those countries it serves the food problem to a great extent for the peasants and particularly the infant food problem. Dettweiler says: "It furnishes to its owner, without doubt, the best milk for nourishing infants, for the household, for the cooking of food, and for coffee, besides butter and cheese. When one considers that it very often depends solely on the milk production of the goat whether the nutrition of the child and the whole family is bad or good and the nutrition from infancy on, has a bearing to perform a greater or a comparatively small amount of work in later life, then, one will



believe me when I say that the goat is in a position to wield a greater influence in sustaining life."

Peterson, with the peasants of Germany in mind, sums up the worth of the goat in this manner:

(1) The possibility of securing a goat is generally within the reach of the poorest families. (2) The risk and the insurance premium are disproportionately much less in the case of the goat. (3) The goat utilizes its food better than a cow, and gives more milk in proportion to its body weight. (4) The goat is satisfied with little feed and feed of any sort, which is to be had at much less cost. (5) By keeping two goats instead of a cow, the family of the working man may be provided during the entire year with milk by the proper regulation of the time of the birth of the kids. (6) The goat gives a more wholesome milk than the cow and the milk is richer in fats.


Hilpert says: "As to the question of human nourishment, the goat occupies an important position. It yields a wholesome nourishment for the family, serves as a useful and agreeable occupation for wife and children, and awakens in its owner a desire for industry and a spirit of frugality. So long as the working man is happy in the possession of a business, has a small bit of ground to call his own, and has a profitable domestic animal, just so long will he be an opponent of social strife, a careful provider for his family, and an adherent of some recognized creed." The foregoing is only a sample of the testimony in favor of the goat and its milk. What appeals to the medical man is to come.

There is almost unanimity of the writers in the countries mentioned of the value of goat's milk for infants, invalids, and cookery. In many cases it is of great medicinal value. Many sanitoriums in France and Switzerland advertise the use of goat's milk as a prominent feature in their treatment.

The wholesomeness of goat's milk for children is undisputed. It is said that the goat will readily adopt infants, calves, lambs, colts, or pigs. That in some countries infants take the milk direct from the udder, and for this purpose the goat willingly enters the house and seeks the infant on the bed. That they conceive a liking for the life they nourish.

Invalids for whom a milk diet is prescribed will find goat's milk by far the best source of supply, as besides being better in feeding power, goat's milk is very much easier of digestion than that of the cow; the reason probably is the extreme minuteness of the fat globules, and hence its similarity to mothers' milk. Owing to the minute fat particles, the cream does not rise so rapidly as in cow's milk and the milk contains about the same amount of fat

throughout the day. The goat's milk does not contain any more casein than woman's milk.

 Goat's milk is much freer from tubercle bacilli than cows' milk. Some writers claim that goats are absolutely free from tuberculosis. This is putting it too strong. But the following statistics will help to prove the comparative freedom of tuberculosis in the goat to that of the cow:

Hoffman states that of 1500 goats publicly slaughtered in one year 0.6 per cent were affected. In the slaughterhouse of Kied, Germany, in 1896, 41.3 per cent of all slaughtered cattle, and 45.82 per cent of all cows were found to be tuberculous. In the kingdom of Saxony, in 1894, it is stated that out of 1,562 goats slaughtered only 10 (or 0.64 per cent) were found to be tuberculous. In Prussia, in 1899, in 381 slaughterhouses 47,705 goats were killed. Of this number, only 148 (0.41 per cent) were infected either generally or locally. With few exceptions, the goats were kept under conditions eminently favorable to the spread of tuberculosis. The goats ran freely in the cattle sheds, ate out of the racks with tuberculous cows, and owing to the well known proclivities for mischief took hay out of the mouths of the cattle, whereby they exposed themselves to the greatest possible infection.

We conclude, therefore, that:

- 1.—The goat is freer from disease than the cow and particularly from tuberculosis, and hence the goat milk is more sanitary than that of the cow.
- 2.—That the milk is more nearly like human milk, in the minuteness of its fat globules and the same in casein.
- 3.—That it is more easily digested than the cows' milk, and hence better for infants and invalids.

We believe that the foregoing statements are in the main correct. Then what is the matter with the medical profession of America, and particularly of Kansas. The goat's milk is ideal in character, kind and quality as a food, and its freedom from disease germs and its cheapness are all in its favor and yet it is seldom mentioned in our medical societies or recommended by our physicians. It is an economical food and within reach of the poor. It would be exceptional to find a family so poor in Kansas who could not own two or more milch goats, and have ground and space to keep, and thus solve the infant food and food problem of the family to a large extent and help to prevent the spread of tuberculosis.

Taken in the main from the Bulletin (No. 68) of Animal Industry.


## TREATMENT OF PNEUMONIA.

By DR. B. E. McSHANE, Aiton, Kansas.

Read before the Osborne County Medical Society, Dec. 17, 1908.

The subject of my paper is as old as the art of medicine, and as important as it is old. The treatment of lobar pneumonia, a world-wide, ever-present disease, causing thousands upon thousands of deaths annually, for which we have no specific treatment. This condition leaves us with a variety of methods practised by competent and conscientious men.

For the sake of clearness and brevity, I am going to take the case of a young adult and describe my method, and trust you gentlemen will freely criticize and discuss my methods and yours, for you and I are here to learn.

 We are called ten miles into the country to see a young farmer who on the previous day or night while enjoying robust health is seized with a severe chill, followed by burning fever, severe headache, probably agonizing pain in side of chest, dry tight cough, temperature of 105, pulse 130 or more, full and bounding, face flushed, anxious and indicating suffering, breathing rapid and very shallow on account of pain and fear of coughing.

After having made our diagnosis, we should frankly tell the family the conditions and what they are to expect, in order to gain their full co-operation.

One of them should be taught how to count pulse and take temperature. Our first visit requires considerable time arranging the room, bed, etc., and instructing the nurse in details as to what is expected of her and what she is to expect in the case. By so doing, subsequent visits can be made quite short. I do not think it a good rule to stay with our patient longer than necessary, acting as both doctor and nurse.

The most comfortable room in the house is the one for the patient. It should have some light, good ventilation, and be kept at a temperature of about 68 degrees. A loose fitting flannel shirt is all the clothing necessary; the amount of bed clothing depends on the comfort of the patient.

Having no specific treatment, we must treat symptomatically, and first in the patient's estimation is that excruciating pleuritic pain. A broad, slightly elastic bandage placed around the chest and pinned tight enough to prevent the ribs from flaring, with a hot water bottle placed over region of pain usually makes the patient comparatively comfortable. In case it does not, a hypoder-

mic injection of  $\frac{1}{4}$  gr. morphine two or three times a day is given. I give a dose showing the nurse how to give it, the syringe is left loaded, to be used in the night when necessary. This is the only opium given. Antiphlogistine is used in some cases to relieve the minds of the family or friends rather than with the expectation of deriving benefit from it.

The fever is to be controlled by sponging, although in the early stages of the disease with that full bounding pulse, small doses of phenacetine and salol, 3 grs. of the former and 5 grs. of the latter, given every four hours has a good effect.

An ice cap is usually very agreeable and beneficial.

By sponging the face, arms and legs with water at a temperature agreeable to the patient and leaving the parts without covering allowing evaporation to take place rapidly, the fever can be reduced usually two or three degrees in a short time. If not, more general sponging with cold water should be resorted to. I do not try to reduce the temperature below 102 degrees.

For the heart in the early stages nitro-glycerine in doses of 1-50 gr. every three hours is given to dilate the capillaries and other vessels, thereby lessening the heart's work. In case the pulse is fast and small, digitalis is given to steady and strengthen the action.

Later, as the pulse becomes weaker, and probably irregular, strychnine is given in full doses 1-30 gr. increased to 1-20 gr. every two or three hours. Carbonate of ammonia is also given when not too disagreeable to the patient. Whiskey or brandy is also given either pure or diluted.

Throughout, he is given all the cold water he wishes to drink unless, which is very rare, vomiting prevents. If thirst is not present, he is urged to drink water, lemonade, orangeade, etc.

This being a self-limiting disease, the principal objects sought are the patient's comfort and supporting the powers of life until the crisis is passed. To the latter end, nothing contributes so much as proper feeding. Milk constitutes our best article of diet and can be used in any form, sweet milk, buttermilk, whey, malted milk, and in combination with other articles constituting egg-nog, custards, etc. Egg albumen in cold water, soft boiled or poached eggs, meat juices, home made beef tea, broths, scraped or finely chopped beef between thin slices of toasted bread, well cooked rice with cream; these with other articles not bulky and easy to digest gives us a variety of which the patient should not get tired. During the first day or two but little food is urged upon the patient, but the alimentary tract is thoroughly emptied by broken doses of calomel followed by salts, unless the latter is too disagreeable, when cascara

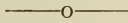


evacuant is substituted. This course is repeated when necessary throughout the disease. By giving but small amounts of food at a time and following with a little hydrochloric acid and pepsin, very little stomach trouble is experienced.

The crisis is the critical time of the disease and requires special attention. The nurse is warned when and what to expect and instructed what to do. The hypodermic syringe is left loaded with a full dose of strychnine to be used at that time. Whiskey or brandy hot slings to be given often and in liberal quantities. Absolute quietness of the patient must be enforced during and for hours after the crisis.

This is unquestionably a contagious disease and every precaution must be taken to prevent others becoming infected.

The day is not far off when we will treat pneumonia as we do diphtheria today and with the same assurance of success and pride in our results, but until that day we must try to make our patient comfortable and in every way use our best efforts to sustain his strength to carry him over the crisis.



## CASE REPORTS--GUMMA OF EXTERNAL NOSE --SEROUS CYST OF THE IRIS.

J. S. WEAVER, M. D., Kansas City, Mo.

Read before the Northeast Kansas Medical Society, October 8, 1908.

**Gumma of the External Nose:**—Feb. 17, 1908. Mrs. C. E. W., age 28, housewife, white, American. Family History:—Father and mother living and in good health, aged 70 and 68, respectively. Mother had two sisters die of tuberculosis. Patient has two brothers and one sister living and in good health and none dead.

**Personal History:**—Married first husband secretly fourteen years ago when a mere school girl of 14. Discovered he had specific disease after having been married to him for seven years and after that had nothing more to do with him. Married second husband fourteen months ago. In the intervening period she had a tonsillitis which hung on for two months and finally got well with local treatment. Second husband admits specific infection for which he took treatment and was told he was cured four or five years ago. (Two or three weeks after seeing patient, I treated her present husband for a deep ulcer of the pharyngeal wall behind the right posterior pillar, which yielded readily to specific treatment.) Patients admits six miscarriages with her first husband and two with the second. She had one child go to term and that

one died with meningitis at four months old.

The lesion began two months previous to examination as a smooth raised area on the ridge of the nose without redness or pain. Later became red and finally yellowish white in the center. Had crusts in the right nostril for one year previous to examination, but none in the left. Left nostril was stopped up though and she had lost the sense of smell completely.

At the time of examination the lesion externally was softened in the center and its diameter was about  $1\frac{1}{4}$  inches with the center raised about 3-16 inch above the level of the nose. Four days after examination under gas anesthesia the tumor was opened and cleaned out. A fistulous opening ran diagonally downward over the right lateral cartilage as is indicated by the match in the photograph. There were two smaller fistulae, but the cartilages were not involved except on the surface. Within the nose the swelling of the septum and the anterior ends of the turbinates was great and yielded but little to adrenalin showing that it was an infiltration and not an edema. A piece of tissue from the right nostril and some of the pus from the external wound were submitted to a pathologist who said the pus contained ordinary pus germs but the excised piece had the appearance of tuberculosis. A few days thereafter a dermatologist saw the case and agreed with me that the case had more of the indications of syphilis. On March 3d specific treatment was begun. March 6 and 7 the tuberculin eye test was tried twice with negative results. She has been on specific treatment ever since. The external lesion healed in about three weeks with gauze drainage. It did not communicate with the nostrils by any opening. When the swelling had abated internally the left middle turbinate was removed and the anterior wall of the sphenoid sinus broken out on account of suppuration. At the present time there is a scar externally about half an inch long adherent to the underlying cartilage but not giving a saddle-back effect. The septum was not perforated. In view of the fact of numerous miscarriages and a stubborn tonsillitis following her first marriage and also of the fact that she had been married to her second husband only fourteen months, it is highly improbable that he could have been any factor in the case except a rather odd coincidence.

J. B. Kyle<sup>1</sup> says the nose is a common site for gummata and they are late lesions usually occurring ten to twenty years after infection. I would call attention to the similarity between the photograph of this case and the illustration in Kyles book, page 326.

W. L. Ballenger<sup>2</sup> says tertiary lesions develop from three to



25 years after primary infection—

There was probably a specific involvement of the attic of the nose long before the gumma appeared.<sup>3</sup>

#### References:

1. Diseases of the Nose and Throat. J. B. Kyle, 1907.
2. Diseases of the Nose, Throat and Ear. Ballenger, 1908.
3. Contribution to the Pathology of Syphilitic Ethmoiditis. Goodale. Jour. A. M. A., March 7, 1903.

**Serous Cyst of the Iris.**—Aug. 21, 1908, L. W. presented himself in my service at the Kansas University Dispensary for examination. Age 36, colored, American, laborer, married.

Family History.—Negative.

Personal History:—Never noticed anything wrong about the left eye until one week previous, when it began to “burn” and got worse since. No history of traumatism at any time.

Examination:—Right eye normal. Left eye shows a cyst of the iris at the temporal end of the horizontal meridian about 7 millimetres high by 4 mm. wide. The temporal edge of the pupil is flattened. Tumor is translucent gray with streaks of iris pigment on the surface. There is no movement in the cyst. Cornea over the tumor is not cloudy. The edge of the tumor near the pupil is one or two mm. above the iris anterior surface. There is no injection of the conjunctiva and no pain on pressure. Vision good and fundus normal.

Diagnosis:—Cyst of the iris, probably serous.

Treatment:—Operation recommended, but declined

Terrien<sup>1</sup> describes four varieties of iris cysts in the order of their frequency as serous, pearly, entozal and dermoid. Pearly cysts are traumatic in origin, have been produced experimentally and are epithelial in character with some cholesterol crystals. Where penetration of the globe has not occurred the cyst results from cells that have become detached from the posterior surface of the cornea or the anterior surface of the lens. Dermoid cysts of the iris have the usual etiology and are very rare. Follin reported one in a woman of 70.

Bland-Sutton<sup>2</sup> quotes Hulke and Hosch as saying that 15 out of 19 cases of cyst of the iris had a traumatic history. Also that cysts have been produced by the introduction of eyelashes and epithelium into the anterior chamber.

Streiff<sup>3</sup> reports two cases of serous cysts from Haabs clinic. One was traumatic and the other occurred spontaneously in a child of ten years. Latter case was cured with two introductions of iodoform rods and two subsequent punctures with a knife. He

reviews literature. He accepts the explanation that they are due to the proliferation of the ectoderm, from which the lens normally develops. For the others in which the cells are endothelial in type he assumes the separation of the layer of the iris containing Fuchs crypts from the posterior layer either by traumatism or by a closure of the lymph spaces which surround the vessels of the middle layer.

Oatman<sup>4</sup> disagrees with the implantation theory of epithelial cysts of the iris and favors the extension theory. He calls attention to the tendency of corneal epithelium to penetrate.

Rembe<sup>5</sup> reports a case of cysticercus in the iris of a boy of seven years removed successfully piecemeal with forceps. Eight references to literature, mostly German.

Gradle<sup>6</sup> reported to the Chicago Ophthalmological Society a case of traumatic cyst from glasses being broken seven years previous. Also another case operated some years before for traumatism. In both these cases the iris had prolapsed into the external wound.

Brailey and Stephenson<sup>7</sup> say both serous and epidermoid cysts are exceedingly rare. They mention a case of Graefe's and one of Coopers that were congenital and "possibly" were real dermoids. They also mention Mackenzies five cases of cysticercus. They quote Schmidt-Rimpler's suggestion that non-traumatic cysts may be due to closure of the crypts on the surface of the iris.

Fuchs<sup>8</sup> illustrates a case of iris cyst with corneal cicatrix from the kick of a horse 30 years previous. He emphasizes the point that there is neither epithelium nor glands in the iris so that retention cysts are not to be thought of.

#### References:

1. Abst. Arch. d'Ophthal, October 1901. Terrien "Cysts of the Iris."

2. Tumours, Innocent and Malignant. Bland-Sutton, 1903.

3. Abst. Ophthal. Rec. Jan. 05, from Archiv. f. Augenheilk, May, 1904. "Formation of Serous Cysts on the Anterior Surface of the Iris."—Streiff.

4. Abst. Archives of Ophthalmology, July, 1906. Oatman, "Epithelial Cyst Formation in the Iris."

5. Ophthal. Rec. Jan. 07, and again Archi d'Ophthalmologie, May, 1907, Rembe. "Cysticercus Cellulosae of the Iris."

6. Jour. Ophthal. and Oto-Laryng., Jan., 08, Traumatic Cyst of Iris.—Gradle.

7. Norris & Oliver System, Vol. III, p. 322.

8. Fuchs Ophthalmology, 1908. E. E. N. & Throat Yearbooks 02-07-08.

## STALE FOOD PRODUCTS.

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D. D. HAGGARD, M. D., Phillipsburg, Kansas.

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The Pure Food Laws now in effect are destined to materially improve the quality and palatability of the various food products offered for sale in the markets and stores. That which is shown to be deleterious is confiscated or made unfit for use by the application of coal oil. This settles the question of decayed fruit and vegetables, but it does not offer a solution for many stale products which are offered for sale daily.

I do not refer to stale eggs, vegetables, etc., but to canned goods and foods in original packages, as corn, tomatoes, catsup, oat meal, and other cereals.

When you purchase from your grocer a can of corn, you cannot tell whether it was either grown or packed within two years. If you buy a package of oat meal is there any way to tell how long that box has been upon the shelves of your grocery, or any way by which any one can say how many months it spent in the warehouse of some wholesaler before your grocer bought it?

There is one method by which the sale of stale foods of this character, could in a measure be avoided. that is by dating each product at the time of packing. A law should be passed requiring canning factories and all manufacturers of food products to stamp on the can and print on the package the date on which said can or package was filled. To illustrate, take a can of corn—the tin should have stamped in it the month and year of canning as Sept. '07" and in addition on the paper label there should appear the additional statement: "This can contains the product of the crop of 1906-1907," etc., as the case might be.

In the case of cereals and other foods of that class, such statement should appear in printing on the face of the package. Failure to date correctly, and repacking of such products should be punished by fine or imprisonment.

If such a law were in force we could go to the grocers with some assurance of getting fresh products. If you called for a can of tomatoes all you would have to do would be to look at the date on the can and if the date was old you could decline to accept the article in question. If the package of cereal was a year or two old and they had none of later date you could go to some other store and purchase a package of more recent date.

This law would work no particular hardship to the merchant for he would keep constant watch of his stock to see that stale

products did not accumulate and if he found the date of some goods getting old he would place such goods on his bargain counter and get them off his hands before they became unsalable, and he would re-order a fresh supply and keep his shelves filled with nice, fresh goods, thus the customer and merchant would be mutually benefitted and the health of all made better.

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## HERNIA.

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By DR. S. MURDOCK, Jr. Sabetha, Kansas.

Read before the Northeast Kansas Medical Society, October 8th, 1908.

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The frequency of abdominal hernia makes this subject one of special interest to physicians. Hernia has commanded the careful thought and investigation of every physician in this Society and the exceedingly common occurrence of strangulation demanding from the physician in charge his immediate decision and upon his opinion resting the life or death of the patient, makes the responsibility great. It was the custom in former times not to operate upon this condition except in cases strangulated and the efforts of the surgeon were necessarily directed to the relief of strangulated hernia. Today the sufferer from hernia may demand a cure from one of the most common and serious disabilities of mankind.

It is now unnecessary to defend the operation for the radical cure of hernia. Prior to 1890 when Bassini reported his operation, the results of herniotomies were in many instances unsatisfactory, yet we cannot ignore the results of operations performed in the early seventies by Steele, Czerne, Marcy and others with splendid results.

What I desire in this paper is not to make any claims for originality, but to bring before this Society the common methods used today in the treatment of hernia; the advertised cure of rupture without the use of the knife, the hypodermic injection of astringent solutions (white oak bark, etc.), the injection of paraffine, the irritation of the ring with a needle; the application of liniments; all are methods to be condemned. It is the common practice of many physicians to fit trusses and advise operations only in cases strangulated; thus leaving the patient to seek relief from sources out of the profession. Herniotomy as properly performed today gives the patient a radical cure; the danger to life is nil; the period of disability from ten days to two weeks.

The past three years in the Sabetha Hospital we have operated upon 100 cases of hernia with a radical cure following each operation



and no recurrences reported to us. The operation performed was that described by Dr. A. H. Ferguson, of Chicago; differing only from the Bassini operation that the cord was not transplanted; but in each and every case the hernia sac was carefully dissected out and amputated as high as possible; then the transversalis and internal oblique were sutured to Poupart's ligament, the external oblique closed over this, also the fascia and skin. One important point in the operation for hernia is the materials used. In the hundred cases above mentioned we used tanned catgut No. 2, as prepared by Dr. Lukens, of Saint Louis; in our service giving us better results than chromocized gut which we formerly used. With the published statistics of practically 100 per cent of radical cures following the operation of herniotomy it is my plea to the physicians of this Society to direct the ruptured patients into the hands of surgeons and thus educate the patients that they can be cured from hernia, a condition costing so many lives.

I consider it bad practice to make it a business of fitting trusses to nine-tenths of all the cases applying to you for relief and thus sending your patient away with a condition which will in all probability give them future trouble and may perhaps cost them their lives.

I beg to submit to you a couple of cases recently operated upon; the first Mr. J. S., German, age 65 yrs., right inguinal hernia, 30 yrs. standing. This patient has during the last 30 years counselled a dozen different physicians, worn as many different kinds of trusses and at this age of life has strangulated hernia. Patient brought to hospital by Dr. A. R. Holmes suffering from complete obstruction of the bowels; also retention of urine; strangulated 36 hours standing; immediate operation. The head of the colon, also omentum and a portion of the bladder were found in the hernia sac and in dissecting out the hernia sac, by accident the bladder was opened. I found it very difficult to distinguish the bladder wall from the surrounding tissues. However, the small opening in the bladder was closed with cat gut sutures; the hernia sac removed and the wound closed in the usual manner; patient's recovery complete.

The second case I desire to submit was brought to the Hospital by Dr. R. E. Wright; F. C., German, age 12 years, left inguinal hernia, strangulated; upon opening the hernia sac found that it contained omentum, also the left testicle, the cord and vessels of which were twisted upon themselves. The testicle was gangrenous. The testicle and a portion of the omentum were removed; the hernia protruded from the external abdominal ring and was

deflected upwards, the tumor mass being situated just inside the anterior superior spinous process of the ileum; the hernia sac was removed and the muscular structures closed in the usual way; the right testicle was undescended and could not be felt; the genital organs were infantile and undeveloped; the left testicle never descended into the scrotum, but was deflected upward over the aponeurosis of the external oblique and in this position was strangulated. Patient's recovery was complete, returning home in two weeks.

In the above cases ether was used as anæsthetic, administered by Dr. W. L. Carlyle.

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Hydrophobia must be a rather seriously prevalent disease in the Philippine Islands, according to the report given by F. W. Dudley, Manila, P. I. (Journal A. M. A., December 19). He has personal knowledge of 13 persons dying of the disease and has records of 91 deaths from board of health reports and of 54 deaths from correspondence with physicians, making a total of 106 deaths within a period of 3 or 4 years. It is unusual for persons bitten to seek medical treatment. Since he sent out his inquiries he has also received telegrams asking for antirabic virus from physicians who had in their charge cases of the disease. It is as frequent in the winter months as in the summer, and most of the cases occur in males, owing to their greater exposure. Dudley reviews the etiology, pathology and morbid anatomy and bacteriology so far as known according to the best authorities. The average period of incubation in the Philippines seems to be rather long. The three longest authentic cases reported were 8, 9 and 10 months. Cases of pseudohydrophobia have also occurred, but were not fatal. Many curious remedies are used in the Philippines, one of which is to burn the hair and brain of the animal and apply the ashes to the wound, but there has been no record of recovery of an authentic developed case there or elsewhere.

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If a scalp wound extends through the periosteum it is safest to sew the periosteal wound at once and leave the scalp unsutured for twenty-four hours. Fracture should be excluded, if possible, before closing the periosteum.—American Journal Surgery.

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Dr. S. C. Emley has found that some of the aphthous ulcers of the mouth which do not yield even to nitric acid have quickly healed when the tincture of iodine was applied pure to the surface of the ulcer.



# THE JOURNAL

## OF THE

# Kansas Medical Society.

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**JAMES W. MAY,** - - - - **EDITOR.**

**J. E. SAWTELL,** { ASSOCIATE EDITORS } **CHAS. S. HUFFMAN.**

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

Heredity is simply the sum of all the effects of all the environments of all past generations on the responsive ever-moving life forces.—Burbank.

—O—

The anti-vivisectionists have been gathering data from scientific medical journals in reference to operations upon animals without anæsthetics. Many writers when giving out reports of experiments neglect to state that general anesthesia was induced before the experiment was made and the anti's are using this as a basis for argument to induce legislators to prohibit experimentation upon the lower animals. The Council of Defense of Medical Research of the A. M. A. sounds a note of warning and we should all do our utmost to promote a feeling among the laity that is not hostile to medical research.

—O—

A new phase of the tuberculosis situation has been brought forward by the Modern Woodmen Society. They have established a sanatorium at Colorado Springs, Colo., and will treat free of charge their members who are suffering with tuberculosis. They can accommodate 60 patients with their present equipment and

they will have accommodation for 60 more on July 1st of the present year. A physician has been placed in charge who has had wide experience in the sanatorium treatment for tuberculosis. Their present plan is to accept only cases that are curable or whose life may be prolonged for a considerable period of time. Their plan is certainly new and their method of getting returns for money invested simple. Their death loss from tuberculosis during the past 16 years has been 14.5 per cent of the total number of deaths. It is plain to see that if the per centage can be markedly decreased their financial gains will be ten fold. There is no doubt that other insurance societies will take up this question and in the event that they do, great good can and will be accomplished. The report of the first years work will be awaited with interest.

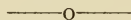
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The medical profession is wonderfully deficient in public speakers. It cannot be because of lack of education, for there are countless numbers who hold other degrees and have a good working knowledge of everything in general. Possibly, it is because of their enduring professional modesty that their talents have been held in subjection and allowed to perish. This deficiency has more bearing than would appear upon the face of it. For instance many physicians are elected to positions where arguments exhortations and the *finesse* incidental to the successful passage and enactment of laws is an absolute necessity. Therefore it behooves us to be up and doing and develop the talents with which many have been endowed to the end that when called upon to accept positions of public trust where these talents are required, there will be no shirking.

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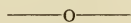
**Neglected Fields in Medicine**, is the subject of an article by W. S. Anderson in the Michigan State Medical Journal for December. He points out clearly our neglect in many fields from which almost numberless quacks, pathies, sects and medical *what-nots* have sprung. We have ourselves to censure largely for this condition as it exists. We cannot gainsay the fact that there has been some good accomplished among some of the side-lines. Take, for instance, the monumental farce of Christian science. This sect spreading cheerfulness and hope amongst irritable, nervous, hysterical, and pessimistic individuals has relieved the medical profession of a burden when they, the patients, should have been relieved by careful advice long before Christian science was ever dreamed of. Again, the subjects of unsanitary living, hygiene, diet, and fresh air, all embodied under the general term of phy-

laxis, have received too scant attention. We have this fact to confront and that is, we pay altogether too little attention to the small things in medicine. The surest prophylaxis against the so-called isms, pathies, et cetera, is to acquaint ourselves with our patients and give them what they need, i. e., suggestion, hydrotherapy, diet, fresh air, etc.

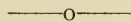


## CLINICAL NOTES

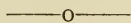
When paraffin is injected subcutaneously allowance should be made for increase in the size of the mass by the growth of connective tissue around it.—*Am. Jour. Surgery.*



After an operation for extensive carbuncle of the neck, a comforting support may be supplied by placing under the bandage a piece of heavy manila cardboard (book-binder's board), wetted and shaped to the back of the head and neck.—*American Journal Surgery.*



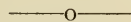
In osteomyelitis the pain is not localized to the affected area, but is chiefly experienced in adjacent joints. Thus, for instance, in osteomyelitis of the femur or tibia the patient will complain of pain in the knee-joint, thus encouraging the belief that the trouble is of rheumatic origin.—*International Journal of Surgery.*



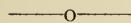
**For the Pain of Uterine Cancer,** Lutaud prescribes the following:

R̄ Tincture of thuja.....	℥i;
Solution of potassium arsenite.....	℥ss;
Syrup of acacia.....	℥i;
Water.....	℥ii.

M. et Sig.: One teaspoonful thrice daily before meals.—*N. Y. Medical Journal.*



Pain is of little diagnostic significance in foreign bodies in the esophagus, since it may be referred to an entirely different region than the real site; thus it may be felt in the back, and at other times in the epigastrium. It may also result from a persisting irritation of the mucous membrane at the point of lodgment after the foreign body has passed.—*International Journal of Surgery.*



**The Untoward Action of Iodides Corrected by Arsenic.**—Iodides, as is well known, set up in some patients all the symptoms of a cold in the head, even in small doses. Changes in the mouth, such as

enlargement of the tongue, dribbling of saliva, etc., are occasional unpleasant symptoms. Difficulties in this way may frequently be overcome, according to D. M. Macdonald (The Hospital) by giving small doses of arsenic (Fowler's Solution) simultaneously,—N. Y. Medical Journal.

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**Liniment for the Breast**—A correspondent of The Prescriber for August, 1908, sends the following prescription for the dispersion of a benign tumor in the external breast:

R̄ Tincture of iodine..... ʒii;  
 Soap liniment..... ad ʒii.

M. et Sig.: Shake the bottle, and then rub breast between nipple and base of mamma, backwards and forwards, twice daily. Cover with flannel or Gamgee tissue.

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**Treatment of Hammer Toe**.—E. Martin gives an illustration in the Zeitschrift fur Aerztliche Fortbildung, Oct. 1, 1908, of a simple method with which he keeps hammer toe under control. He passes a piece of elastic webbing, about an inch wide and a yard long, over the affected toe and under the other toes, then crosses the ends of the elastic over the dorsum of the foot and behind the ankle, fastening the ends together in front above. If the toe is contracted downward the elastic band is passed under it and over the other toes. This simple measure has cured many cases of contracture in his experience and aided in the healing after tenotomy.—Jour. A. M. A.

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**Typhoid Agglutinins in Meningitis**.—W. Becker and G. C. Ruhland, Milwaukee (Journal A. M. A., Jan. 2, 1909), report a case of cerebrospinal meningitis, in which the typhoid agglutination test was positive within twenty minutes, a dilution of the serum of 1 to 100 was used on a typhoid culture in bouillon not over twenty-four hours old. The autopsy revealed the lesions of meningitis and the presence of the specific diplococcus, but no evidence of typhoid. While they are almost certain that the specific agglutinins of typhoid and for the *Diplococcus intracellularis* are distinct, and that higher dilutions of the serum of the patient would have ultimately agglutinated only with the meningococcus, yet the case appeared to them of sufficient interest to make its publication desirable.

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H. E. Tuley, Louisville (Journal A. M. A., December 26), says that hemorrhage is an accident to which the new-born are liable; its etiology is obscure but since fever is a prominent symptom in



most cases it is generally believed that it is due to septic infection. New-born infants develop sepsis easily and there are many ways in which the offending organisms may attack them. Among other causative factors, have been mentioned prematurity, atelectasis, cardiac abnormality, gastric or intestinal ulcer, thinness of the blood vessels, congenital portal obstruction, hemophilia, and the changes taking place in the circulation incident to birth. The hemorrhage may occur in any organ and before or after birth. If after, it usually occurs within the first three days. If from the gastrointestinal tract alone, it is called melena; Tuley reports a case. Various methods of treatment have been recommended. The different hemostatics, the cold coil, etc. In the case reported subcutaneous injection of gelatin was followed by prompt recovery and two other cases are mentioned in which like results were obtained. Special caution is needed as to sterilization of the gelatin on account of the common contamination with the tetanus bacillus.

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T. F. Reilly, New York (Journal A. M. A., December 26), believes in the use of fairly large doses of digitalis in the treatment of pneumonia. In this disease, he says, there are two general indications from start to finish: 1. To get rid of the toxins, so far as possible, until Nature is able to furnish her antitoxin. 2. To sustain the heart and circulation, on which the brunt of the attack falls, until the danger is past. The toxins must be eliminated if possible, by the bowels, skin and kidneys, and in digitalis, with proper dosage and manipulation, we have one of the best diuretics. It acts on the heart by lengthening the diastole, and so rests the wearied and weakened heart muscle, and beyond this, it also aids in the direct nutrition of the heart, the blood supply reaching it only through the period of diastole. While he does not hold that all pneumonia patients can be saved by this drug, he claims that we can frequently keep the pulse below 100 by its use, and the elaborate statistics of the Massachusetts General Hospital show that with the pulse under 100 the disease is seldom or never fatal. It is too late to give digitalis when the heart begins to fail, for it requires from thirty to forty hours for it to get a complete hold on the heart. As to the dangers of digitalis medication, aside from a marked arrhythmia after the crisis, which is often characteristic of the disease itself, he has seen no evil effects from its use. The symptoms of digitalis intoxication, if they appear, are not usually alarming and can be easily overcome by lessening the dose. His statistics of his private practice include 126 cases of lobar pneumonia and 24 of bronchopneu-

monia. There were four deaths in each series, a percentage of 3.17 for the lobar variety and 16.6 for the other. The bronchopneumonia deaths were three of them at three years of age, and one (tuberculous) at 75; in all the deaths from lobar pneumonia the patients were past forty, the serious period for the disease. The treatment was uniformly the administration of rather large doses of a reliable preparation of digitalis, usually the fluid extract, as soon as the diagnosis was made, with simple diaphoretics and diuretics for the elimination of toxins and the use of strychnin, caffen, etc., as stimulation was required.

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**Surgical Treatment of Cirrhosis of the Liver.**—Dr. Koch (International Surgical Congress) presents the following conclusions on this subject: It has been demonstrated clinically and experimentally that venous stasis due to occlusion of the portal vein can be relieved by omentopexy. In the atrophic form of hepatic cirrhosis ascites and hemorrhages from the gastro-intestinal tract may be relieved by this operation. It should be done in the early stages, as it is dangerous in the more advanced cases. Disappearance of the manifestations of stasis can be effected in about 30 per cent of the cases, independent of the method of operation selected. The disease of the liver itself is but slightly influenced by this procedure. In cases in which Talma's operation is not followed by improvement, resort to splenopexy may still offer a prospect of relief. In hypertrophic cirrhosis, cholecystotomy with or without hepato- or omentopexy is to be recommended. In the presence of marked disturbance of the liver function, as shown by protracted icterus and urobilinuria, operation is no longer indicated.—International Journal of Surgery.

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**Bismuth Subnitrate Poisoning.**—E. G. Beck, Chicago (Journal A. M. A., Jan. 2, 1909), reviews the recent literature of bismuth subnitrate poisoning. The evidence seems to show that the toxic effects are due to the liberation of nitrates in the intestine, the absorption of which causes the methemoglobin to precipitate in the blood. The methemoglobinemia appears to be the cause of most of the toxic symptoms observed, the cyanosis, dyspnea, diarrhea and cramps, and these indicate that the sudden change in the blood impairs the internal or tissue respiration, and the patients succumb with symptoms of suffocation. Alcohols and glycerin accelerate the formation of nitrites in the intestines, which suggests, as a practical point, that in cases of nitrate poisoning, such substances should be withheld from ingestion and some form of iodine be ad-



ministered. It is when large quantities of bismuth are taken and the liberation of nitrates is abundant and can not be quickly neutralized that symptoms of poisoning appear. It seems that it is in the intestines and particularly in the sigmoid and colon that the liberation of nitrites chiefly occurs. The bacteria here are evidently the nitrite splitting factors, and, in the fatal cases reported, the patients were all sufferers from intestinal derangements, especially diarrhea and constipation, which suggests that the intestinal putrefaction aided in producing the symptoms. For the past two years, Beck has been using bismuth subnitrate extensively in a paste with petrolatum for filling sinuses and abscess cavities and had satisfactory proof that it was absorbed. In no case did he meet with any symptoms corresponding to those of the cases of acute poisoning reported. In only one case was there ulceration of the mouth and in another an acute desquamative nephritis which rapidly disappeared after the withdrawal of the bismuth paste from the cavity. In a number of cases he observed a slight lividity of the mucous membranes and a bluish border on the gums, conditions otherwise remaining normal. He reports, however, a fatal case communicated to him by Dr. Roberts following the injection of bismuth paste into the sinuses in hip-joint disease, death occurring after the abatement of the symptoms and after the occurrence of another abscess from traumatism and without the typical symptoms of cyanosis, collapse, etc. There was an interstitial nephritis which Beck thinks could hardly be due to bismuth absorption and it remains, he thinks, an open question whether the fatality could be properly attributed to bismuth poisoning or as a case of recovery from the same, death being only accidental from other causes. He sums up his conclusions from his study of the subject as follows: "(1) Bismuth subnitrate administered by stomach in small doses is harmless. (2) In the presence of certain bacteria, or the feces of children, bismuth subnitrate will liberate nitrites, which will be absorbed by the intestines and eliminated by the kidneys; and if the production is faster than the elimination, methemoglobinemia will result. (3) In larger doses by mouth bismuth subnitrate is liable to produce an acute nitrite poisoning characterized by cyanosis, collapse, methemoglobinemia, and may terminate fatally. (4) Rectal injection of bismuth subnitrate may cause nitrite poisoning much quicker and more severe than when the drug is administered by mouth. (5) Children are more susceptible to nitrite poisoning due to administration of bismuth subnitrate. (6) Persons suffering with intestinal putrefaction are very susceptible to nitrite poisoning when

taking subnitrate of bismuth internally. (7) After the injection of large quantities of bismuth paste into suppurating sinuses, mild symptoms of nitrite intoxication may appear. (8) The bismuth injected into these sinuses and encapsulated will be gradually absorbed and may be found in the liver, spleen, muscles and intestines. (9) Characteristic symptoms of black borders of gums, ulcerations of mucous membranes, diarrhea, desquamative nephritis may appear several weeks following the injection of the paste. (10) The acute nitrite poisoning is to be regarded as a distinctly separate affection from the more chronic bismuth absorption. (11) Radiographers should employ some other preparation of bismuth instead of the nitrite, and refrain from injections of subnitrate into the bowels, especially if intestinal putrefaction is present." The article is illustrated.

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**Veratrum Viride in Puerperal Eclampsia.**—The convulsions in puerperal eclampsia constitute the most striking manifestation of this disease, of which the exact nature and origin are still unknown. Moreover, the convulsive fit is itself a source of great danger to the patient, especially when frequently recurring, after brief intervals, and producing important circulatory disturbances. Thus the increased blood pressure, produced by the convulsion, acting upon bloodvessels, already altered by the eclamptic poison, may cause their rupture, and so lead to cerebral hemorrhage. Again, pulmonary oedema and aspiration pneumonia not uncommonly result from the convulsions, and are among the common causes of death in eclampsia. In these circumstances, any drug, which will control this most dangerous symptom of eclampsia, is likely to have a good effect on the disease itself. This result has been secured by the hypodermic administration of the fluid-extract of veratrum viride in small and repeated doses. The character of the pulse must be taken as the guide in its administration. Where the pulse is full and strong, above 80 beats a minute, veratrum should be administered. On the other hand, where the pulse is rapid and small, and the arterial pressure is but slightly elevated, veratrum viride is contraindicated. A recent Italian writer has treated one hundred cases of eclampsia in the last ten years in this manner, with a maternal mortality of twelve per cent., and a foetal mortality of 43.37 per cent., whereas, in the preceding ten years, before the introduction of the use of veratrum viride, he had a maternal mortality of 23.68 per cent.—The Practitioner, December, 1908.

**NEWS NOTES**

Dr. Samuel T. Gillispie has moved from Reserve to Lawrence.

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Dr. Ralph E. Barnes has moved from Fredonia to Lawrence.

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Dr. J. H. Stough has removed from Parker to Stanley, Kansas.

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The Northeast Kansas Medical Society will hold its next semi-annual meeting at Topeka, Kansas, Feb. 11, 1909.

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The Wyandotte County Medical Society will hold its annual banquet at the Grund Hotel, Tuesday evening, Jan. 12, 1909.

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**For Sale.**—A half interest in a well-established sanitarium near Kansas City. Write to Mrs. M. P. Sexton, Bonner Springs, Kas.

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Dr. C. D. Blachly, of Hewins, Kas., was married on December 5th to Lucille Agnes Spire, the daughter of Mr. and Mrs. Ambrose Spire, of Independence, Kas. Dr. Blachly is a graduate of the University of Kansas, class of 1907.

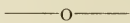
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The Osborne County Medical Society held its annual meeting at Alton, December 17th. The following officers were elected: President, B. E. McShane; Vice-President, J. B. Armstrong; Secretary, S. J. Schwaup; Treasurer, A. A. Thompson; Censor, T. O. Felix. Dr. McShane read paper on the "Treatment of Pneumonia" and clinical cases were presented. Drs. St. John and McShane, with their wives, entertained the society with a turkey dinner.

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It will doubtless give as much pleasure to the readers as it does the editor of The Journal to learn of a co-operative association lately established, in Topeka, for the manufacture of X-ray machines by the physicians themselves. More than a hundred of whom have joined Mr. Ed C. German with works and words, and established the only plant of its kind west of the Mississippi River. Mr. German, though a young man, has spent many of his later years lecturing to physicians and students of Kansas, Oklahoma and Colorado on his favorite topic, "Applied Electricity," and is probably better known among physicians than any other young man of his class. We bespeak for the association all kinds of success.—Ed.

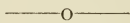
The Wyandotte County Medical Society at its annual meeting held December 29, 1908, elected the following officers: President, R. C. Lowman; Vice-President, W. F. Fairbanks; Secretary, C. A. Foulks; Censor, B. M. Barnett; Delegates to State Society, J. E. Sawtell and R. A. Roberts.



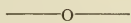
At the annual business meeting of the Shawnee County Medical Society, held December 7, 1908, the following officers were elected: President, Dr. W. E. McVey; Vice-President, Dr. C. F. Menninger; Secretary, Dr. J. B. Tower; Treasurer, Dr. W. A. Wehe; Censor, Dr. J. E. Minney.

The Society invited the National Society for the Study of Tuberculosis to present their tubercular exhibit in Topeka, under the auspices of the local medical society, and a committee was appointed to make the necessary arrangements.

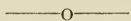
After the business meeting, the Society adjourned to the Banquet Hall, of the Throop Hotel where a fine supper was served, at which covers were laid for one hundred members and guests.



The Montgomery County Medical Society met at the Carl-Leon Hotel, Independence, Kansas, December 8, 1908, at 6:00 p. m., and elected officers for 1909. The election resulted as follows: Dr. J. T. Davis, Independence, President; Dr. I. B. Chadwick, Tyro, Vice-President; Dr. W. C. Chaney, Independence, Secretary and Treasurer; Dr. W. E. Youngs, Cherryvale, Censor for three years; Drs. Mamie J. Tanguary and H. M. Casebeer, Delegates to the State Society.



After the election of officers a banquet was held and the following responded to toasts: Dr. J. N. Davis, Mrs. A. A. Krugg, Dr. Mamie J. Tanguary, Mrs. J. T. Davis, and Dr. J. E. Miner. Dr. W. E. Youngs acted as toastmaster. The society meets monthly and have not failed to have a well attended meeting with a good program once during the year.



The Bourbon County Medical Society met in the dining room of the Goodlander Hotel Monday evening, December 21. The beautiful dining hall, elegant spread, and the usual goodfellowship that exists in the profession in and around Fort Scott, all added harmony and good cheer to the meeting.

A number of speeches relating to professional and society matters were listened to with much interest. That the Society members are fully awake and doing their part in the war against tuberculosis, there can be no doubt.

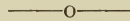


By mutual agreement, each member will give special attention to reporting births, deaths and contagious diseases, that a correct and complete record of vital statistics may be kept. One of the chief aims of the Society in the coming year will be to work for better legislation for the securing of vital statistics and for better exemption laws.

A move was started to induce the State Society to provide for a Physician's Defense.

The present officers were reelected Drs. Aikman and Hunter were made members of the board of censors. Eighty per cent of the eligibles in the county are members of this Society.

W. L. HOPPER, Secretary.



**The Doctor Won.**—Dr. J. D. Walthall, Secretary of Miami County Medical Society, a successful and prominent physician of Paola, was defendant in a suit for mal-practice in the last term of the Miami County District Court.

Early in the spring of 1905, the doctor was called to see a farmer's wife who had stepped on a needle which entered the ball of her foot, penetrating the metatarso-phalangeal joint of the second toe. His first visit was made seventy-two hours after she had received the injury, The foot was much swollen and very painful. He was informed that the needle a few hours before penetrating the foot, had been used by a young man to open a boil. No mark indicated the site of needle's entrance nor evidence of location of pus. The doctor directed the application of hot fomentations, and elevation of foot, which in a measure gave relief. Some days later, he made a free incision and secured good drainage. The infecting bacteria proved to be streptococci. He discovered that the bones of the metatarso-phalangeal joint were necrosed, and he removed this joint, as the infection spread, he later on removed the second toe, and finally the second metatarsal bone. After each operation the inflammation subsided; but as some bacteria remained, the inflammatory symptoms would reappear. During this time, the patient was pregnant, and there was some oedema of her feet and legs. After her confinement, some infection of the bones continued, which was manifested by a small running sore on the top of her foot. Late in December Dr. Walthall was dismissed from the case, and some time during the following spring, another doctor was employed, who amputated the foot. The patient sued Dr. Walthall for twelve thousand dollars for loss of foot, and her husband sued for five thousand dollars for loss of wife's services.



When the day of trial came, Dr. Walthall proved by neighbors and physicians that he had been careful, painstaking, and skillful in his treatment of the case; had used every antiseptic precaution, and had treated the case according to the approved principles of modern surgery. The jury found for the defendant, and the verdict was approved by the citizens of Paola and Miami County.

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The Committee on Legislation of the State Society held a meeting at the Grund Hotel in Kansas City, Kansas, January 8, 1909. Much medical legislation is needed in our state, the text of which will receive notice in the Journal in the next issue.

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The Miami County Medical Society, at its annual meeting, elected the following officers: President, L. R. Sellers; Vice President and Treasurer, S. L. Brooking; Secretary, J. D. Walthall. The fourth annual banquet will be held shortly. This society has an excellent organization and is doing good work among its members.

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The Sumner County Medical Society at its annual meeting held December 31, 1908, elected the following officers: President, D. E. Kesecker; Vice President, H. L. Cobran; Delegate, J. J. Sippey, Censor, G. L. Millington; Secretary and Treasurer, T. H. Jamieson.

At the smoker which followed Dr. C. C. Goddard did his duty; all enjoyed his address.

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The Shawnee County Medical Society was entertained at its regular monthly meeting by Dr. R. H. Thompson, of Topeka, who gave an illustrated lecture on Peruvian Anthropology, and showed skulls of the ancient Incas which had been deformed by being bound with cords.

Drs. D. E. Esterly, H. L. Alkire and W. E. McVey were chosen delegates to the State Convention, and R. S. McGee, C. A. McGuire and S. A. Johnson, alternates.

# THE JOURNAL

## OF THE

# Kansas Medical Society.

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Vol. IX.

KANSAS CITY, KANSAS, FEBRUARY, 1909.

No. 2

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## SOME OBSERVATIONS ON THE WORK OF THE STATE BOARD OF HEALTH.

By DR. S. J. CRUMBINE, Topeka, Kansas.

Read Before the Kansas Medical Society at Iola, May 6, 1908.

The Kansas State Board of Health was organized April 10, 1885. Until recent years the work of the State Board of Health as defined in the laws on the statute books was not extensive, but largely of an advisory character, and it is believed that with the meager authority it had, and the circumscribed scope of its usefulness as outlined in the laws, that its work was as well done as by similar boards under like circumstances. It is not my purpose to delve into ancient history, but to outline in as brief a way as I may some of the work that has been done the past few years, that in which we are now engaged, and the outlook and needs for the future.

I trust that I may be pardoned if I allude to this work in a personal way and recount some of my personal experiences, for there are certain things I desire you shall know that would be difficult of presentation in any other way. After an experience of about a year in the secretary's office, I became firmly convinced that the laws upon the statute books were entirely inadequate to carry out what would seem to be the purposes for which the State Board of Health should exist. Moreover, I was thoroughly convinced that to put into efficient execution the various things that should be done in a work of so broad a scope and important a character, the secretary would have no time to devote to the practice of medicine.

Soon after assuming the duties of secretary, I became convinced of the necessity of having some frequent means of communication with health officers and the public in general, who might be

interested, and the idea of a monthly publication, the Bulletin, was just conceived. The law provides for biennial reports. It can be readily seen that by the time these reports are published they are stale and of little value. After frequent consultations with the state printer, and a persistent insistence on the necessity of the work, it was finally agreed to permit the publication of a bulletin in an amount not to exceed five hundred copies of eight pages. The publication of this sheet marks the real starting point of the revival of the State Board of Health work. Formerly, quarterly reports were received from county health officers. A change was made requiring monthly reports of all contagious diseases, the same to be published in the Bulletin, and daily or weekly reports in case of epidemics. Thus, the sanitary forces have been reorganized, and the central bureau put into close and intimate touch with the one hundred and ten health officers, including the state institutions of the state. The Bulletin in the meantime has grown to a publication of from 16 to 32 pages, 3,000 edition.

The legislature of 1907 placed upon the statute book a number of very important laws, greatly enlarging the scope of the work of the State Board of Health, and at the same time adding enormously to its responsibilities and labor. The general health laws were revised in several important particulars, authority given to the Board for the abatement of nuisances; the enactment of what is in my judgement, the best food and drugs law in the United States, the enactment of a splendid water and sewage law, and a larger sum of money appropriated for the equipment and maintenance of our state laboratory. These various laws will be spoken of under the headings of the Board's work.

The Board's work might appropriately be divided under four different headings; that of work under the general health laws, including the collection of vital statistics, the suppression of epidemic diseases and the organization of the sanitary forces of the state; 2nd, the food and drug department with its inspection force and three skillful analysts; 3rd, the water and sewage department, in which we have the services of skillful specialists, Professors Hoad and Marvin of the engineering department of the University, Professors Barber and Starin, of the bacteriological department; and 4th, the bacteriological department in charge of Dr. Greenfield.

In the matter of the collection of vital statistics, it is at once admitted that our present system is both cumbersome and inadequate. The statistics gathered are woefully deficient in a general way, and therefore lose their value from a sanitarian's view-point.

While many of the less populous counties have approximately accurate statistics, those from the larger counties and cities, with but one or two exceptions, are entirely unreliable. However, it is believed that the statistics that have been gathered the past few years are much more accurate by reason of a more thorough sanitary organization, and insistence on reports from health officers that have hitherto been entirely missing, or that were reported irregularly. It is unnecessary for me to make any argument to the Society of the necessity for accurate vital statistics, but I may remark that they are necessary as an underlying basis of a proper interpretation of sanitary conditions. It follows, therefore, that such interpretation cannot be accurate, nor appropriate preventive measures applied in the suppression of certain infectious diseases, until such time as exact data can be secured. It is hoped that our next legislature may pass an effective registration law. This matter is now in the hands of the State Medical Society, which, through a committee, is working in conjunction with the State Board of Health and the Bureau of Commerce and Labor, in formulating a satisfactory bill to be presented to the legislature of 1909. The Board is, however, endeavoring to do more than collect statistics on epidemic diseases, it has made a distinct effort looking towards the suppression or control of communicable diseases.

During the past summer a number of towns in Western Kansas were visited by the secretary, accompanied by the Board's sanitary and civil engineer, and diligent inquiry made into the cause of typhoid fever, which was so prevalent in the western section of the state. In several instances we were enabled to definitely ascertain the cause of the disease, and were therefore able to suggest appropriate preventive measures. It might be of interest in this connection to speak of one epidemic being occasioned through the public milk supply, thirty-two cases of typhoid fever having occurred in the town. The city water was inspected but upon thorough investigation of the water supply, there was found no cause for complaint. It was then determined that all the cases had occurred in families served by a certain dairyman. Upon going to the country dairy, it was found that the owner of the dairy had had typhoid fever a number of months previous, and the man who delivered the milk and helped milk the cows was then ill, suffering from what it was thought a mild attack or walking case of typhoid fever. Effective sterilization of the milk cans had not been done, simply rinsing in cold water and afterwards scrubbing with warm water, then placing out in the yard to sun and air. It was found that the good housewife disposed of the night-soil by throw-



ing it out in the yard, which, on becoming dry, with the infected dust and sand was blown into the cans, and thus the infection was continued.

We became convinced in these investigations that the fly plays a very important part in the dissemination of typhoid fever. At all events, in a number of western cities, in which the water supply was above suspicion, and in which there was no common milk supply, it seems to be reasonably certain that the fly was the carrier of infection. These towns had no sewerage system, simply the ordinary open privy vaults or cesspools, in many instances of which were deposited the unsterilized excretions of the typhoid patient, and many of these vaults were open to the fly. In one town particularly the cases were distributed in groups over the town, which seemed to further indicate the spreading of the infection by means of the fly, from one central or focal point. Needless to say that this at once suggested appropriate preventive measures, which were put into execution with the subsidence of the epidemic. In several other instances, the disposal of household sewerage by cesspools, whose contents emptied into the underlying stratum of water from which the town received its supply, was apparently the cause of the disease. At all events, samples of water from a number of the wells where typhoid fever had occurred, showed the presence of the colon bacillus, these wells being driven wells with apparently no opportunity for surface contamination, but with cesspools close by would seem to point to the source of infection as being the sewerage from these cesspools. A number of the larger towns thus visited have made provision for the construction of modern sewerage systems, and thus the evils of the open privy vault and cesspool will be dispensed with.

**Food and Drugs.**—The department of food and drugs has taken up a very large share of the Board's work during this past year. When it is remembered that there are in the neighborhood of 5000 retail groceries, 1200 retail drug stores, and about 500 wholesale, jobbing and manufacturing plants of various kinds, whose products all come under the jurisdiction of the food and drugs law, it can be readily seen the enormous amount of work suddenly thrust upon the department. Being a new law, many of these parties were clamoring for information concerning its provisions, and we found ourselves well nigh overwhelmed with the task set before us last spring. The law provides for four inspectors. They have been divided, making three food inspectors, and one drug inspector, the latter of course being a practical pharmacist and a graduate of the University School of Pharmacy. Early last spring it



was thought that much might be accomplished in the way of educating the dealers, on the one hand, and of making ourselves acquainted with the commercial side of this great question, on the other, by visiting the larger cities of the state and holding meetings, in which these various dealers and manufacturers might be brought together for a conference. This was accordingly done, and in company with the three analysts of the Board, Professors Bailey, Sayre and Willard, we visited the larger cities of the state, holding meetings and illuminating and explaining the provisions of the law, and in turn gaining much valuable information ourselves. Looking backward at this time, I am convinced that this was one of the most important and best things that we could have done, as we were enabled to meet these men face to face and assure them that this coming together was for mutual cooperation and advantage, that it was not our purpose to be arbitrary in the enforcement of the law, but that we might be of mutual aid and assistance in re-adjusting their business to the new order of things. Of course it was pointed out clearly that the law would be literally enforced after a reasonable length of time had elapsed for bringing about this readjustment. Accordingly, October 1st, 1907, was selected, at which time goods sold in this state were supposed to be legal.

In the meantime we took large numbers of samples of both foods and drugs for analysis for the purpose of finding out the state of the market. Naturally, we found that fraud and deceit was a common practice in many of our staple food products, but we were scarcely prepared to find that such fraud and adulteration existed in drug products.

This leads me to give expression to the impression which appears to me is entirely logical with the facts in the case, and that is, that while I recognize that much of our medication is entirely empirical, yet a satisfactory result has in my judgement, often been defeated by reason of the practical worthlessness of the drug used, rather than for the reason that it may not have been an appropriate remedy. For illustration, we have found that very many of the fluid extracts and tinctures upon the market do not contain the alkaloidal strength as required by the U. S. Pharmacopoeia, that our tincture of iodine, spirits of camphor and tincture of nux vomica are of various degrees of quality and strength. Recently, a number of samples of spirits of camphor was found to be very little better than water of camphor. We have yet to find an essential oil on the market that is of standard strength. It is almost impossible to find a pure spirits of turpentine. Recently, eight horses

were killed by being drenched with what was sold as raw linseed oil. Analysis of the product showed that it was a rotten fish oil full of ptomaines. The various preparations of hydrastis seem to be of doubtful strength and quality, owing to the high price of that drug. A genuine beeswax or white wax is almost an unknown product upon the market. Many of the tinctures are made from worm eaten or deteriorated herbs, which we found all over the state. And so this might be repeated on down the line.

I am glad to say, however, that these conditions are being rapidly corrected, and that the wholesale druggists and manufacturers, knowing that many of these things are finally checked back to them, are sending out preparations that are approximating with the required standards. Retail dealers who manufacture their own tinctures and other medicinal preparations will be held to strict account for their standard quality, and thus I believe that many of our failures in the past may not be repeated, at least so far as quality and strength of the therapeutic agent used is concerned.

Looking through the eyes of a physician it is but natural to conclude that one of the greatest evils in the drug trade is that of the patent nostrums. This has many sides and phases to deal with. A new phase of the question has been recently developed, which hitherto appears to have remained unnoticed or undiscovered at least, and I have never seen anything in print concerning the proposition, of which I now desire to speak.

We found that there was a large number of old patent medicines on the market, the manufacturer of which had gone out of business, or who refused to furnish legal labels. Dealers, therefore, were unable to get the necessary information in order to re-label these goods as to their alcoholic content or the narcotic drug, which the law requires shall be stated on the principal label. It was therefore determined to take samples of these so called "orphan" preparations for the purpose of giving dealers the necessary information to legalize these nostrums. The analysis developed several important and unlooked for propositions; First, that many of these preparations were entirely worthless, (if indeed, they ever had any value,) by reason of deterioration. For example, a rheumatic remedy, which contained for its principal ingredient a preparation of guaiac was found to be precipitated on the sides and bottom of the bottle. Other preparations contained masses of precipitate often in a firm, hard chunk. Then, again, we found some preparations that had undergone a chemical change, which made them very dangerous to use. For illustration; Some of the

preparations that contained sulphate of morphia or sulphate of strychnia were found to have become alkaline in reaction, thereby precipitating the alkaloidal salt and, there being no "shake" label on such preparations, there was danger of getting an overdose of these poisonous drugs. Thus it appears that while our inspectors are thoroughly scrutinizing deteriorated extracts and tinctures, and forbidding their sale, we hold that we should have equal authority in demanding that deteriorated patent medicines be removed from the shelves for sale. However, a difficulty confronts us in that these packages are usually in sealed wrappers and cannot therefore be inspected. These findings have been submitted to the food and drug inspection board at Washington for their information, with the request that the national authorities take some action in the matter.

The January Bulletin, containing Professor Sayre's report on the analysis of these "orphan" preparations, is certainly interesting reading. The result of deterioration is graphically portrayed in Laboratory No. 1607, Rathburn's Indian Remedy, alleged to be a cure for summer complaint in children, cholera morbus, cholera infantum and bloody flux. The bottle was found to contain a considerable amount of sediment and fungus growth (*Aspergillus*), and under the microscope the liquid was found to be teeming with bacteria of all sorts, spherical forms, rods, etc. You can readily see what an excellent remedy this would be for cholera infantum. The allegations made on these nostrums are not only ridiculous and absurd, but positively laughable: For illustration, Rathburn's Famous Vegetable Vermifuge alleges to be a sure cure for man and beast, also to cure night-sweats as well as give instant relief in case of worms and bots.

Another wonderful preparation asserts to remove pimples, blackheads, crow's feet, salt rheum, eczema, and all eruptions that the human flesh is heir to.

Neurilla, which is heralded as a most remarkable preparation, and so it would seem, were its claims true, is said to normalize nerve tension in the treatment of fevers, colds, childbirth, etc.

One of the most difficult tasks set before us is that of eliminating these false and misleading statements from the patent medicines. The food and drug law declares that any statement, design or device on any food or drug product, that is false or misleading in any particular, is misbranded under the law. With this authority it has been our purpose to eliminate all glaringly false and misleading statements that are usually found on the labels and cartons of these nostrums.

It is unfortunate that the law does not seem to include other frauds of equal proportions and importance, such as ear drum and spectacle fakes, which seem to have such an extensive sale in the West at the present time.

Our inspectors have been instructed to stamp as illegal catarrh snuffs containing cocaine, on the ground that they are not a proper remedy for cartarrh, hay fever and asthma. Chamberlain's Colic and Diarrhoea Remedy contains six grains opium to the fluid ounce, and may not now be sold except as a poison, and the druggist required to register same in a poison book before the nostrum can be sold. Our drug analyst, Professor Sayre, has agreed to take up the solubility of certain pills and compressed tablets of various makes and ages found upon the market, also to investigate the food value of the infant foods sold in Kansas. This I am sure will be of great scientific and therapeutic value to the physicians of the state. In this connection, I desire to state that the Department would be glad to receive suggestions from physicians at any time concerning such things as might be desirable to be analysed or investigated, that come within the scope of our authority and power.

The inspection of drug stores has revealed some very interesting conditions. In many instances, the stock consisted of a few hundred dollars worth of patents, old, new, and of unknown age and parentage, a few staple drugs, and a mass of worthless, deteriorated, sub-standard, worm eaten or moulded junk of various kinds and names. The stock of liquors, both malt and spirituous, is usually large and varied, and evidence abounds on every hand that little or no regard is paid to the way or manner, or to whom it is sold.

The Department has determined that this utter disregard for the food and drugs law, which is thus manifest under the pretense of running a drug store in which medicines and prescriptions are presumed to be prepared for the patients of the physicians of the state is a crime against the health, morals and decency of our fair commonwealth, and must be stopped; and I appeal to the medical profession for their moral support in thus ridding legitimate pharmacy of this incubus, and in protecting the interests of the physician and his patient.

The improvement in the grade and quality of foods that are now on the market has been more marked than in that of drugs. Strange to say, the grocers, generally speaking have been more alert and anxious to learn the requirements of the law, and to adjust their business to the new conditions than has been the average druggist. Moreover, the frequency with which grocers' stocks are turned made



this matter of adjustment more easy of accomplishment. Time forbids the illustration of the various forms of frauds and adulterations in foods. No doubt the members of the Society are more or less familiar with these things. One of the best provisions inaugurated by the Board in food and drug inspection is that of the requirements concerning sanitation. Places and things are required to be kept in a clean and wholesome condition, and I assure you there was great need for much cleaning up, as in some instances the conditions were unspeakably filthy. The average country slaughter house and meat market was in such an unsanitary condition as to be indescribable in anything like moderate language, and many of the restaurants and bakeries, and indeed some of our prominent hotels, were in a similar condition.

On the 1st day of January, the Department put into effect a sanitary score card, in which every place where foods or drugs are manufactured, prepared or sold, is scored upon the sanitary condition. These scores are made on the following points: Light, ventilation, water supply, waste or sewerage disposal, floors, walls, shelves and containers, refrigerators and ice boxes, display of goods, condition of back rooms, cellars, condition of tools, instruments, graduates, motars, utensils, and personnel. When any grade is reported below a certain figure, a special letter in addition to the notice given by the inspector, is sent to the owner or manager of such place, notifying him that within a reasonable length of time these unsanitary conditions must be rectified. Thus, the foul smelling refrigerator, the pestilential slaughter house, the unwashed oyster container, with its added hydrant or other doubtful water, and the sidewalk display of perishable products will soon be a thing of the past in Kansas.

The legislature of 1907 passed a law of no less importance than the food and drugs law itself, which is commonly known as the water and sewerage law. This in effect places all municipal water supplies and sewerage systems under the jurisdiction of the Board. The law requires certain information, together with plans and specifications of every water supply plant and sewerage system in operation when the law went into effect to be filed with the Board, and that all future extensions of the water supply or sewerage systems, and all new plants constructed shall receive the approval of the Board before such construction or extension. The information that has been placed on file under this law has developed some very interesting facts. It was found that many of the supplies are not only inadequate, but unsafe for domestic use, that some of the systems for supposed purification of water supplies are practically



worthless, and that the streams of Kansas are subject to all sorts of pollution.

A condensed summary of the water supplies of the state was published in the January Bulletin of the Board, and is the first time that this information has been available to the public. The Department has been very greatly hindered in this important work by the lack of sufficient clerical help, but through the good offices of Professors Marvin, Hoad, Barber, and Starin of the University, and Mr. Horatio N. Parker, Assistant Hydrographer of the U. S. Geological Survey, much excellent work has been accomplished, and valuable data secured as to the conditions of existing water supplies and sewerage systems.

As an illustration of the conditions of some of the cities, I beg to call your attention to the cities situated along the course of the Neosho River. Six cities secure their water supply from this river; Each one of these cities in turn discharge their untreated sewerage in to this river, and thus the water is not only entirely unsafe, but positively filthy by the time it reaches the cities in the southern part of the state. None of these cities have an adequate purification system, and in each one a positive bacteriological test for the colon bacillus has been made a number of times. It was also discovered that but a short distance above the intake of the water supply of one of these cities, a milling company that had a dam across this river, were in the habit of repairing leaks in the dam by a filler of horse manure, that an extensive hog pen was but a short distance above this intake, and that the town swimming hole was upon the opposite side of the river. This of course was calculated to give the consumers a sweet and wholesome supply.

Investigations along the course of the Missouri River on the Kansas side developed the fact that it was being used as a dump for the city of all sorts of filth and refuse, in addition to that of dead animals, such as horses, cattle, dogs, and the feathers, entrails, etc., and dead chickens from the large poultry house. An attempt has been made to correct these conditions, but there still remains the criminal practice of cities emptying their untreated sewerage into these natural water courses, upon which many of the cities are dependent for their water supply.

Last September, Professor Barber, in company with the secretary, made a trip down the Kansas River from Topeka to Lawrence, for the purpose of securing a large number of samples in order to determine the degree of pollution which the sewerage added to the Kansas River, on the one hand, and to attempt the determination of the theory of self purification of streams. It was found of course

that the Topeka sewerage added greatly to the pollution of the river, and the result of the bacteriological tests seems to indicate that within the short distance between Topeka and Lawrence (approximately 50 miles by river) there was but little purification, although the samples of extreme dilution seemed to indicate that there was a slight degree of purification of the sewerage as indicated by the coli tests. Thus, it seemed to be proven, as it has on numerous other occasions of tests made in other streams, that the self purification of a river flowing a given distance is a delusion and a snare. Similar work is contemplated upon the Neosho and other water courses that are used as a source of water supply.

An effort was made during the session of 1905 to have this law passed, but failing in this, and desiring to have some data as to the condition of the natural waters of Kansas, I applied to the U. S. Geological Survey, asking for a cooperative survey of the waters of the state. After a time a tentative agreement was reached by which the government agreed to appropriate \$1500 a year for two years, with the understanding that a similar amount should be appropriated by the state of Kansas, and thus a sanitary survey of the natural waters of the state be made under the joint direction of the U. S. Geological Survey and the State Board of Health. Mr. H. N. Parker, Assistant Hydrographer, was selected to do the field work, and the work was actually begun October 1, 1906. Twenty-three stations were established, and daily samples secured from all the principal streams of the state. These daily samples were sent to the University laboratories continuously for one year, where Prof. Bushong made a chemical analysis. Bacteriological samples were secured from every water plant supplying a public supply, and we are now engaged in making a sanitary analysis of all such supplies. In addition to this information a sanitary survey has been made by Mr. Parker of all cities in the state having a public water supply, which information will be placed on file in our department when the data is finally tabulated. It is evident that such information must be of very great value not only to the people of the state, but to boards of health as furnishing a ground work for the interpretation of water borne diseases, and of suggesting proper preventive measures for their suppression. This cooperative work might be briefly summarized as follows:

First, to determine the nature and condition, of the natural water supplies of the state.

Second, to determine to what extent the natural waters are being contaminated by sewerage from cities.

Third, to determine to what extent the natural waters are being

polluted by industrial wastes, such as come from packing houses, creameries, smelters, refineries, oil wells, salt works, etc., and in what way these wastes might be utilized for beneficial purposes.

The legislature of 1907 passed a bill carrying an appropriation of \$1500 a year for two years for this joint work, but an opinion of the attorney general was to the effect that the bill was invalid by reason of a technical error. For a time it seemed as if the work would have to be abandoned right in its very midst, but upon an urgent appeal to the Department at Washington we were fortunate enough in having the federal government continue the work thus begun, with the single provision that the Board pay the incidental expenses of Mr. Parker, and that the data thus secured should first be published by the Bureau at Washington. This of course was readily agreed to and Mr. Parker has completed the work and returned to Washington to compile the data secured. The state of Kansas may consider herself indeed fortunate that such valuable work has been done by the federal government at an expense approximating \$500, exclusive of analysis, which has been paid out of the sanitary fund of the Board. Altogether this work could not have been done at an expense of less than \$10,000, were we to pay for all the expense, including the analysis.

The result of this work is already apparent in that ten cities have changed or are in the process of changing the source of their water supply from one that is entirely inadequate or unsafe to that of a pure and wholesome supply. There are as many more cities that are arranging for taking up the work of prospecting for a new supply. When it is known that the death rate from typhoid fever in Kansas has been gradually on the increase, as indicated by the reports on file in the office of the Board, which show that the death rate from typhoid fever per 100,000 in 1900 was 18, and that in 1905 it was 27, it is sufficient to cause our apprehension as to the future, and our diligent search as to means of prevention. It will not be surprising when I say that such inquiry as has thus far been made indicates that the highest typhoid mortality occurs in those cities taking their supply direct from the rivers, which have an inadequate purification system.

Under the provision of this law and by reason of the large amount of technical work required to be done, the Board needs to have a sanitary and civil engineer on a salary, whose services may be given entirely to the work of the Board, and we urgently request that the medical profession will support the Board in asking for this addition to our working forces.

**Bacteriological Department.**—A bill creating a department of

bacteriology for the State Board of Health was presented to the last two legislatures, but was in each instance defeated. However, the last legislature appropriated in the general appropriation bill for the Board the sum of \$500 a year for the maintenance, and \$500 for one year for increased equipment for the bacteriological department. This appropriation of course lasts only for the years named, and may be entirely withheld if the ways and means committee sees fit, as there is no law requiring such appropriation. A bacteriological department will again be asked for at the coming session of the legislature, and we hope the bill may have the support of the physicians in the state, who are indeed primarily interested in such a department.

The work of this department has been growing in importance and in the number of examinations made, as the months go by. Strange to say, the physicians of the smaller towns and cities are availing themselves of the privilege of having free examinations made of specimens of sputum, swabbings from the throat, and blood, more freely than those in the larger cities. Naturally, with our present limited equipment and help, the amount of work that can be done is limited.

Professors Barber and Starin of the University bacteriological department made very extensive bacteriological examination of water supplies, which will be continued; Professor Starin is now engaged in making bacteriological investigations of the bacterial content of milk in a number of cities in eastern Kansas.

**Present and Future Problems.**—One of the greatest, if indeed, not the most important problem that can engage the attention of any board, society or individual, is that of tuberculosis. The number of deaths from consumption in Kansas reported for the year 1905 was 965, for 1906, 882, and for 1907, approximately 1,000, all the reports not yet having been received. This would make a death rate in the first instance of 63.7, and of 56.7 per hundred thousand population of counties reporting, and of approximately 65 per 100,000 in this last year. When it is remembered that our reports are incomplete, it might be asserted that the actual number of deaths from tuberculosis in its various forms is somewhere between twelve and fifteen hundred annually. Thus, the annual tribute of this fair state to the Great White Plague is something appalling, and particularly so when we remember that this is largely if not entirely a preventable disease. The Board has made several efforts toward relieving in at least a small way these conditions. During the summer of 1906 a pamphlet on prevention was prepared, and when ready, a circular letter was addressed to each physician practicing in



Kansas, and a stamped envelope enclosed in order to insure a reply, and a strong appeal made to report cases of tuberculosis, in order that a census might be gathered, and that such data might provide us with a valuable working basis for putting into effective operation measures of prevention, and securing aid from the legislature. I must confess that I felt very much disappointed in the results of this appeal, for not more than half the physicians responded. I believe that the returns from at least two-thirds of the state's area were fairly if not entirely accurate. At all events, there were tabulated about six hundred cases as a result of this campaign, and the pamphlet on prevention mailed to the case thus reported, or to the physician reporting the case, as indicated in the reply.

A tabulation of all the deaths from tuberculosis reported by the assessors of the various counties was made and sent to the respective county health officers, with the request that all places and things be thoroughly and effectively fumigated, if such had not been done, and that an inspection be made of the balance of the family for incipient cases. I am sure that this procedure was not without results, as can be readily verified by the information on file in the office.

During the legislature of 1905 and again in 1907, bills were presented for the establishment of a tuberculosis sanitarium, but in each instance failed of passage. However, that is scarcely to be wondered at when such indifference has been shown by the members of the profession concerning this matter. I am sure that while every physician is in sympathy with the movements that are designed to eradicate tuberculosis, nevertheless when an opportunity is offered for their cooperation and sympathy in the nature of some aggressive work, they as a rule fail to respond.

I regret to have to say this, and it is the more deplorable because of the reason that I believe were the physicians of this state to aggressively work and labor for any bill in which they were really interested, they would succeed in having any measure passed that they chose. The auditory nerve of the average politician is highly developed, and they are therefore very quick and alert to hear any demonstration that is coming from the grass roots, but they do not take notice, nor do they ever hear of the resolutions passed and discussions made of these questions that never reach beyond the four walls in which they are made.

Brethern, the time has come for the profession of this state to get out and work for what they want, to arouse public opinion in the first place, by giving these matters publicity, and to see the representatives and senators in person in the second place, that they may

be advised of your wants, and know that you are insisting that the bills be passed.

In a recent pamphlet issued by the Bureau of Animal Industry of the Department of Agriculture at Washington, Dr. Melvin gave expression to the following sentiment, that whatever plans or methods might be adopted for the eradication of tuberculosis they must fail to achieve success until such time as the tuberculosis dairy cow is effectively eliminated. The trend of scientific opinion seems to be to the effect that the inoculation of tuberculosis does not occur as frequently as formerly supposed, through the inhalation of tubercular infected dust, but that a large majority of such cases are infected through the ingestion of contaminated food or water, or by direct inoculation.

In Bulletins 93 and 99 of the Bureau of Animal Industry, especial attention was called to the danger of infection through the ingestion of contaminated food rather than through the respiration of air in which dust containing tubercle bacilli is suspended. It was shown that the location of the tuberculous lesions in the body is quite independent of the point at which the infectious material enters, and the frequency with which tuberculosis occurs as a lung disease does not justify the conclusion that the lung is infected directly through the air. The frequency with which the disease localizes itself in the lung was traced to the following facts: That tubercle bacilli may pass through the uninjured wall of the intestine after they have been swallowed, and then into the lymph channels, that they are carried along the lymph channels and are passed into the blood through the great lymph ducts that communicate with the venous circulation, and the blood after it has received the lymph stream is filtered through the exceedingly fine capillary network of the lungs before it is distributed to other portions of the body.

The Bureau of Animal Industry seems to be also of the opinion that the bovine and human bacilli of tuberculosis are of the same species, differing only in appearance by reason of their host. Smith, Koch and others claim to have shown that there are differences morphologically, culturally and in their virulence between the bacilli of human and bovine disease. The fact remains, however, that the literature contains about fifty cases in which the bovine type of the tubercle bacilli have been found and identified, in infants and children. These findings are sufficient to warrant the continuance of every reasonable effort to eliminate the disease from cattle. We do not want the milk from tuberculous cows.

The amount of tuberculosis found in food animals by the federal veterinary inspectors is enormous. During the fiscal year 1905

there were inspected 6,134,000 carcasses of beef, of which 10,956 were condemned for this disease. The number of condemnations for 1906 increased 18.7 per cent over the previous year. This no doubt was due to a closer and more efficient inspection, the result of the new meat inspection law. In 1905, out of 25,000,000 hogs inspected post mortem, 65,000 carcasses and 142,000 parts of carcasses were condemned for tuberculosis. The record for the fiscal years of 1907 show that 105,879 carcasses and 436,161 parts of carcasses of hogs were condemned for this disease. The slaughter house statistics for Prussia showed that 14.6 per cent of the cattle and 2.14 per cent of the hogs were found to be tuberculous. Of 20,850 animals tested with tuberculin, 48.88 per cent reacted. Out of 5,441 cows tested with tuberculin in Great Britain, 26 per cent were found to be infected with tuberculosis. From recent tests made by the federal government of the various dairies supplying milk to the city of Washington, 17.8 per cent were found to be tuberculous. From a number of tests of dairy herds made throughout the state of Kansas for the past year, I am willing to venture the opinion that from ten to twelve per cent of the dairy cows in this state are tubercular.

The work of the Bureau of Animal Industry demonstrated that the commonest mode for the discharge of tubercle bacilli from the bodies of tuberculous cows is with their fæces, that about forty per cent of the tuberculous cows that show symptoms of disease are expelling and scattering tubercle bacilli, and that tubercle bacilli passed with the fæces of tuberculous cows are actively pathogenic. It was shown that when tubercle bacilli are present in milk they will be present both in the skim milk and the cream obtained from the milk, irrespective of the manner in which the cream arises, whether slowly and naturally by standing or rapidly through a rotary centrifugal process. Butter made from infected milk was shown to be infectious for guinea pigs, and it was proven that tubercle bacilli in ordinary salted butter persists forty-nine days with undiminished virulence. When it is borne in mind how frequently milk contains cow fæces, and that the percentage of dairy cows known to be tuberculous is very large, the facts presented seem to warrant the conclusion that tuberculous cows are responsible in a great measure for the prevalence of tuberculosis in the human family.

Mohler drew the following conclusions regarding the infectiousness of milk from tuberculous cows:

First, the tubercle bacilli may be demonstrated in milk from tuberculous cows when the udders show no perceptible evidence of the disease either macroscopically or microscopically.

Second, the bacilli of tuberculosis may be excreted from such an udder in sufficient numbers to produce infection in experimental animals, both by ingestion and inoculation.

Third, that in cows suffering from tuberculosis, the udder may therefore become infected at any moment.

Fourth, the presence of the tubercle bacilli in the milk of tuberculous cows is not constant, but varies from day to day.

Fifth, cows secreting virulent milk may be affected with tuberculosis to a degree that can be detected only by the tuberculin test.

Sixth, the physical examination or general appearance of the animal cannot foretell the infectiveness of the milk.

Seventh, the milk of all cows that have reacted to the tuberculin test should be considered as suspicious, and should be subjected to sterilization before using.

Eighth, still better, tuberculous cows should not be used for general dairy purposes.

It seems, gentlemen, that with these facts before us we can no longer remain silent or fail to use our influence in demanding that no milk shall be sold or offered for sale in this state from a cow that has not been tested for tuberculosis.

I trust also that each member of this Society may appoint himself a committee of one to wait upon the mayor and council of his city, urging the passage of an ordinance requiring all those who sell milk in the city to certify that the cows from which such milk is sold have been tested and found free from tuberculosis. I understand that the city of Wichita has recently put in force such an ordinance, and the test developed the fact that over twelve per cent of the cows were tuberculous.

With the critical inspection by the government in the great packing houses, of all animals slaughtered for food, it becomes apparent that animals known to be diseased are not now sent to the market as formerly, but are sold to butchers and slaughter houses within the state, where there is no inspection. This condition urgently calls for some system of meat inspection for local slaughter houses, as this is the only market now open for the sale of diseased animals. Moreover, if the campaign against the tubercular dairy cow gains any appreciable headway, which it is bound to do, the sale of these animals will offer an additional reason for the disposal of large numbers of diseased animals to the local butchers.

Finally, the danger from the presence of tuberculosis among dairy cows is not confined to the use of milk as a beverage. When tubercle bacilli are present in milk they enter the various articles of



diet prepared with it, and are especially numerous in butter, in which they remain alive seven weeks or longer without showing a diminution of virulence. The distribution of tubercle bacilli from tuberculous cattle in a way to endanger human life is not left to chance. It is a commercial systematic distribution from door to door, or rather from table to table. As long as the use of tuberculous dairy cows is permitted, the manner in which dairy products are distributed will insure that practically every member of the human family is exposed to tuberculosis. This will explain why three European investigators, from their post mortem examination of respectively 1452.500 and 100 bodies of persons who died from various causes, found that among this total of 2052 bodies, no less than 91 per cent showed lesions of tuberculosis.

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## RENAL CALCULUS.

By D. W. BASHAM, M. D., Wichita Kansas.

Read Before the Southwest Medical Association at Kansas City, Mo., October, 1908.

Renal calculus is a condition often encountered in this part of the world. It is found in all countries, but most frequently in regions where the drinking water is bad. No age is exempt from the disease. It may even effect the fœtus in utero, and is found in old age. It is, however, most frequent between the ages of twenty and fifty. Males are said to be more often the subjects of renal calculus than females. Authorities differ on this last statement.

Calculus occurs in the pelvis, callices and the uriniferous tubules of the kidney. Stones that form in the tubules may migrate into the calyces and from thence to the pelvis and pass to the bladder by way of the ureter. They may be expelled with the urine or may be retained and grow by accretion until a large bladder stone is formed. The stone may become arrested in the ureter in transit from the kidney to the bladder.

Renal calculus may be primary or secondary. By this is meant that sabulous material may be precipitated from the urine in the healthy kidney and by accretion a stone may be formed. A blood clot may aid in the formation of a stone.

Primary calculi are usually composed of the uric acid derivatives. This is not strange because the uric acid diathesis is a predisposing cause of renal calculi. Stones occurring as a result of previous septic changes in the kidney are always composed of phosphates. If septic changes supervene in the presence of a primary stone the latter increases rapidly by phosphatic accretions. Bacterial infec-

tion plays no role in the formation of a strictly primary stone. Primary calculi are precipitated from acid urine, and secondary calculi from alkaline urine. If a kidney containing a primary stone becomes infected through the migration of bacilli and long retention of the stone the case rapidly assumes the aspect of secondary calculus. Stone in the kidney may be solitary or multiple. One or both organs may be affected, but as a rule the disease is unilateral. A patient who has passed a stone from one kidney is likely if not treated to develop the disease in the other kidney. Stones in the kidney are of all shapes and sizes. Uric acid exists in the body as the end product of nuclein. Uric acid is normally eliminated from the body in the form of quadriurates of calcium, sodium, potassium and magnesium. Anything tending to interfere with the chemical association of uric acid with these alkaline substances will provoke precipitation and consequent formation of stone. The principal causes of the precipitation of the uric acid derivatives are excessive nitrogenous alimentation, and defective oxygenation, with too little water.

Oxalic acid is normally excreted in the form of calcium oxalate. There is evidence to show that the oxalic acid in the body is rather due to the lime taken into the body than to the oxalic acid ingested. The formation of oxalic stone is thought to be due to insufficient oxidation. This causes the chemical metamorphosis to be arrested at the point where oxalic acid is formed, which is deposited because it cannot be eliminated and which must take place in the formation of calcic compounds. Childhood predisposes to the formation of oxalic stone. Nephritis of exanthematous origin predisposes to calculous formation in childhood. Both uric acid and oxalic acid are precipitated from acid urine. Phosphoric acid is eliminated in the form of the quadro-phosphates of calcium, magnesium, sodium and potassium. The neutral phosphates are thrown down in the presence of an alkaline urine simply because of the lack of sufficient phosphoric acid to hold these earthy substances in solution. Suppurative diseases like Pott's disease, peritonitis or chronic osteomyelitis give rise to an alkaline urine. Cystine, Xanthine, and indigo are comparatively rare forms of calculus. A curious fact to be remarked is that the cystine calculus is hereditary, and usually occurs in families and generations of the same family. To complete the formation of stone more is necessary than the precipitation of either uric acid, phosphoric, xanthine or cystine products. There must be some substance to act as a nucleus about which these various chrystalizable materials may agglomerate and grow by accretion. Thus, deciduated epithelium, mucous, clots of blood or extractive substances may become the matrix for a stone.

The pathological metamorphoses occasioned by a stone in the kidney depend greatly upon the fact as to whether the stone be primary or secondary. An aseptic stone while it remains so may occasion interstitial nephritis. The kidney may atrophy by shrinking or by being reduced to a thin sac brought about by the obstructive action of the stone. Fatty metamorphosis of the kidney has been observed as a result of the presence of calculus.

In secondary calculus it is the primary infection plus the presence of the foreign body that determines the pathological changes in the organ. The pathogenetic infection determines the first changes in the kidney structure, while the action of the stone gives rise to pyonephrosis with accompanying pressure accidents through overdistention of the organ. The infection may pass beyond the kidney and gives rise to perinephritic abscess. If the distended kidney ruptures external or internal fistula may be formed, or the pus may burrow in the way of least resistance into any of the surrounding tissues. The extent of hydro- or pyonephrosis depends upon the size and situation of the stone. If one or more of the calices only are obstructed partial pyonephrosis will be the result. If, on the contrary, the pelvis of the kidney is obstructed by a single large stone the entire kidney will be converted into a massive pouch. If there is only a small stone in one of the tubuli uriniferi the effect will be that of an abscess in the kidney plus the nephritis that must take place in every case of stone.

The symptoms caused by stone in the kidney are exceedingly variable. There are many instances recorded where stones have remained in the kidney for years without symptoms of any kind pointing to the calculus. Hæmaturia and renal colic are the most constant of the symptoms present in stone in the kidney.

Renal colic is accompanied by pain in the loin, urinary disturbances, nausea, vomiting, purging, increased frequency of micturition with a scalding sensation in the urethra, and scantiness or even suppression of the urine. The pain is often communicated to the corresponding testicle in the male. The pain is sharp and lancinating and periodical at first. After the disease has existed for sometime the lancinating pain gives place to a dull heavy ache which is no longer periodical but constant, and cannot be differentiated from pain of an abscess without a stone or tumor of the kidney. There is usually pus in the urine. Aseptic or primary calculi may give rise to a bloody urine. Albumen is often present but may depend either upon the pus or blood in the specimen. There is usually a leucocytosis. In old cases where extensive suppuration has taken place the corresponding lower extremity is often held in a

flexed position and the patient uses either a cane or crutches to aid in walking. If the patient is able to sit he usually does so with the leg on the affected side over the arm of the chair to increase his comfort. There is sometimes unilateral hyperhydrosis, as in one of my own cases and which I attributed to involvement of the suprarenals as the destruction was very extensive in this case. The history of this patient was very interesting. He was a man of 44 years: at the age of 34, while on his way from Arkansas to Kansas with a cargo of livestock seized on the train with a violent hæmaturia in which he lost a large quantity of blood. The hæmaturia recurred two or three times.

He was treated upon his arrival home at Madison, Kas., by the lamented Dr. Gardiner of Emporia, Kas., under whose treatment his symptoms subsided and he thought himself well. At 42, however, his pain recurred with pyuria instead of hæmaturia, and great aggravation of all his symptoms. Dr. Gardiner being deceased he went to a man of great pretensions but not a regular, and was treated for two years without relief. At the age of 44 he came under the care of the writer having lost about one hundred pounds in weight, suffering pain in right lumbar region, and sweating on right upper half of body. The pain was constant and of an aching character, temperature 100 to 100.5 in the afternoon, urine laden with pus. Palpation revealed an ill-defined mass in the right lumbar region. Operation disclosed the presence of a large phosphatic stone weighing 330 grains in the recent state. The diagnosis of renal calculus is attended with considerable uncertainty because there are other conditions which give rise to similar symptoms.

The symptoms of kidney stone may be referred to other organs. Nephrotomy for stone has often been performed when no stone was found. Fortunately, the operation usually results in relief from the pain even when there has been a mistake in diagnosis. Personally I have not found the Roentgen rays of much utility in the diagnosis of renal calculus. The therapy of renal calculus is both surgical and medical. In the premonitory stage, that is in the uric acid diathesis and when oxaluria is present there is much for the medical man to do. In these conditions the medical man may fill a beneficent office in the way of prophylaxis; but when a calculus is once formed there is little to be done with medicines.

Small stones may be expelled by way of the ureter and bladder but even when such a stone is thus passed out of the body we can never be certain that others are not left behind. Large quantities of water with a small amount of lithium or potassium aids carrying away a small stone. A stone of any magnitude cannot pass through the



ureter. There is no medicinal agent that will dissolve a stone in the kidney. Therefore when the calculus is of any considerable size the case is surgical and if the relief is obtained it must come through surgical intervention.

Three procedures are spoken of for the relief of renal calculus: nephrolithotomy, nephrotomy, and nephrectomy. The first of these terms might well be dropped because there is no difference in the meaning of the two excepting an arbitrary signification which is superfluous in medicine. Nephrotomy is sufficient because it signifies incising the kidney which is the meaning to be conveyed, no matter whether the organ is normal or abnormal.

It is not necessary to describe any technique in the presence of this society. The important thing to consider is whether we should content ourselves with nephrotomy and removal of the calculus, or do nephrectomy. This is a matter of great importance because it may be a serious affair to remove the kidney in some of these patients. Many of them are reduced in health, strength, and resisting powers. Nephrectomy is undoubtedly a far more serious operation than nephrotomy. No one would think of nephrectomy in the case of an aseptic stone where nephrotomy with the removal of the stone would leave a useful kidney. In old septic cases, however, the conditions are different. There may be but little normal kidney remaining and we know that nephrotomy with drainage will very likely result in a sinus. This sinus while disagreeable to the patient is no menace to his health, but, on the contrary, acts as a safeguard and may heal after some months. The little kidney that is left may aid its fellow to some extent. Nephrotomy is not dangerous. Nephrectomy on the contrary is a dangerous operation, especially under the conditions present in old and septic cases of stone. The adhesions about the kidney so long the seat of inflammatory changes are often extensive and strong. The pedicle is likely to become septic and give rise to febrile disturbances and post operative complications.

In nephrectomy the ureter must be removed also there may be a discharging sinus as after nephrotomy. The mortality of nephrectomy is considerable even in the hand of experts. The proper course to pursue then is plain. Remove the calculus by nephrotomy followed by extensive drainage. After the patient has recovered his health and strength if a troublesome sinus remains and will not heal nephro-ureterectomy may be done if deemed advisable under far more favorable circumstances than in the presence extensive suppuration.

# THE JOURNAL

## OF THE

# Kansas Medical Society.

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JAMES W. MAY, - - - - EDITOR.

J. E. SAWTELL, } ASSOCIATE EDITORS } CHAS. S. HUFFMAN.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

One of the greatest errors which we must avoid is over-treatment. This error is common and can best be exemplified in the treatment of diseases of the eye. Many times the right drug is used but results are not obtained because we overdo the treatment. This mistake is hard to avoid and the only remedy is to make every case a law unto itself and approach the maximum dose with caution.

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The collection of dues for membership should attract the immediate attention of every county secretary in the state. As every one knows if the dues are not paid, membership is lost in the State Society and an injustice is done yourself as well as the Society. The Society needs the co-operation of every member to help in the educational propoganda for the enactment of good medical legislation, preventative medicine and countless other duties. The year just past has been the banner one for our Society and it behooves us to make it better than ever this year. Therefore, let every member pay his dues promptly, thus facilitating the work of your county secretaries.

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The committee appointed recently by Gov. Hoch to examine the conditions existing at the state penitentiary in their report re-

commended that aid be given the physician in charge. The condition as it exists is simply this: There are between 1100 and 1200 convicts confined in the penitentiary and one physician to care for all the illness. It is very apparent that for this number of inmates the medical attendance is far too inadequate. The best plan to correct this would be to appoint two competent recent graduates at nominal salaries to lighten the burden of the head physician. These duties would be practically the same as an interne in a hospital and the experience they would gain would be invaluable so that the positions would not go begging.

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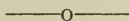
**Sterilization.**—The legal and medical profession as a whole believe that all confirmed criminals, premeditated murderers, rapists and imbeciles should be sterilized. These two professions know the worst in men and man as he is. The best in man will take care of itself. The present age is greatly interested in the prevention of crime and disease and the prolonging of life and building up a strong virile intellectual and moral race of human beings. It is the duty (and should be the pleasure) for each individual to do what he can to further the development or evolution of the race. Especially is the responsibility greater resting on those who know what best to do to accomplish the most good in the shortest time. At the top of the column stands the physician. He sees and appreciates man as he is. The physician, because of his training, is comparatively free from that sickly, maudlin sentimentality which interferes with the execution of justice often and renders void the good done by courts and juries when a criminal gets his just deserts. There is not a physician who has passed the meridian of life but knows of a premeditated, cold blooded murderer being pardoned out of a penitentiary and turned loose on a community to propagate his species. He begets children with this predisposition and the whole scene is reenacted in the next generation. If such a one is turned loose he should be unsexed. It not only saves the community but the possibility of crime and suffering of his progeny.

With the advance made in psychology and increase in intellectuality and a more rational intelligent morality and spirituality we are better prepared than ever before in the history of man to look to and engage actively in promoting the welfare and betterment of the race by weeding out the plainly unmistakable undesirables already mentioned in this article. Heredity or predisposition and environment make the man, practically. (What else?) The environment feature of the man is receiving a great deal of attention

now and rightfully. But the other and more pronounced factor is to a great extent ignored.

Some of the more enlightened and progressive states have laws premitting the castration or unsexing of certain classes of undesirables. The word castration is probably an unfortunate one. It carries with it the idea of mutilation, deformity and a more preferable smoother aesthetic word is that of sterilization. Not only that but in rendering sterile it is not necessary to mutilate or remove the organs as in castration. Carrington's method is to make a slight nick in the scrotum near the pubis and with a curved needle to take up the vas deferens and vessels and tie them all off. One catgut suture closes the skin wound and a collodion dressing completes the operation. If a section of the vas is removed there would be no visible mutilation. In the female a removal of the tubes would not be noticeable? Neither would there be a physical change in appearance in either sex like that in removal of the testicles or ovaries.

In the cases reported, with few exceptions, if any, good only has resulted to the patients. It stops the breeding of predisposed criminals and imbeciles and in this way improves the race physically, mentally and morally. By doing this the greatest possible legacy would be handed down to future generations. It would be a blessing to the present generation and to the criminal and imbecile. It would destroy the root of a soil that is the greatest hindrance to the development of the human family. It is also a human act. Reports show that the health of the imbecile is improved and castrations renders the vicious more tractable, docile and dependable.—J. E. M.



## CLINICAL NOTES

In prolonged unconsciousness from any cause, never forget to empty the bladder every three or four hours.

The pulse tells more than the thermometer to the skilled diagnostician in the course of an attack of appendicitis.

In injuries to the penis, if laceration of the urethra is suspected, do not fail to leave a catheter in situ for several days.

In cessation of breathing during chloroform anesthesia, a rapid dilatation of the sphincter ani is one of the best procedures for resuscitation.

In suspected fracture of the vertebræ manipulate as little as possible. The determination of crepitus is not necessary to establish the diagnosis.



Deformities of the septum, enlarged turbinates, etc., should receive operative treatment only when they cause obstruction.—*Amer. Journal of Surgery.*

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Silver nitrate, 10 grains to the ounce, is valuable in pharyngitis, either acute or chronic. The inflamed pharynx should be painted three times daily with the solution.

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In tapping the abdominal cavity and removing a large amount of fluid, remember to stop the flow every few minutes, to permit the adjustment of the blood pressure. Too rapid reduction of abdominal pressure has often led to fatal syncope.—*International Journal of Surgery.*

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Dr. Harvey W. Wiley, chief of the Bureau of Chemistry of the Department of Agriculture, in his report on formaldehyde as a food preservative, says that he has found from his experiments upon his "poison squad," that its continued ingestion in small amounts exercises an unfavorable action on the general health. It is an irritant to the mucous membrane of the digestive canal, he says, and it disturbs the normal metabolism and has a slight tendency to produce albuminuria. If it has these effects on young and healthy men, he argues, it must be decidedly deleterious to infants.

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**Tapeworm.**—Schilling, in the *Therap. Monats.*, April, 1908, gives his treatment, which is as follows:

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Oleoresinæ aspidii.....	3ii
Pulveris jalapæ.....	gr. viiss
Syrupi.....	fl. 3i

M. et Sig: Take one-half with water at the time directed, and the remainder in half an hour. (Shake well.)

Schilling advises the administration of a cup of black coffee fifteen minutes before the administration of the male fern. For the next few hours the patient should fast, and if the worm is not expelled in three or four hours he advises an enema of a quart of warm water.

The above dose of male fern is large, and it would seem wise to give a saline cathartic, two hours after the first dose of it, to hurry its exit from the body, lest too much absorption should occur.—*Journal A. M. A.*

Very recently Mainwaring and Ruh, working in the laboratory of the University of Indiana, have shown that doses of about 3 grains of quinine very markedly increase the phagocytic power of the polymorphonuclear cells in the blood, or, in other words, the ability of these white cells to destroy invading germs. The results of their research have been confirmed by Wilson, working in the University of Chicago. These researches may therefore indicate how quinine does good in bacteriemias. All of these authors assert that overdoses decrease the phagocytic activity, a fact to be carefully remembered.—Hare.

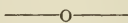
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**A New Dressing for a Fractured Clavicle.**—In the treatment of this fracture Dr. J. Lindahl (Denver Med. Times) utilizes the humerus as a lever and suggests the following dressing as convenient and easily applied.: A piece of strong webbing two or three inches wide (or in lieu of this, muslin folded to four thicknesses) is fastened around the upper part of the humerus as high as the axillary folds will admit. It is then carried over the shoulder blade of the injured side across the back over the lower point of the shoulder blade of the opposite side, around the side across the front of the chest, under the nipple and above the ensiform cartilage, then around the humerus just above the condyles; the returning end is fastened by straps and buckles, or safety pins or in any other way, so it can be tightened when needed. Gauze should be interposed between the arms and the chest to absorb sweat. A small pad of absorbent cotton may be put under the webbing in front of the humerus, but none on the inner side for fear of compressing the brachial vessels and nerves of the arm. A piece of webbing is attached to the loop around the humerus in front, carried across the acromion process and fastened to the webbing behind, so as to prevent the loop from slipping down on the humerus. —International Journal Surgery.

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**Tuberculin Treatment.**—E. L. Trudeau, Saranac Lake, N. Y. (Journal A. M. A.) January, 23) considers neither the vaccination nor the toxin immunization theories of the tuberculin treatment of tuberculosis entirely satisfactory, owing to our, as yet, imperfect knowledge of the mechanism of tuberculous infection, and especially of acquired and artificial immunity. If we must have a working theory, however, and must decide between the two, he prefers for the present to hold to the conception of an immunity that is principally at least antitoxic as produced by the treatment, and to consider tuberculin habituation its essential feature and the

best guide to dosage. This does not lead us to expect too much, and is, he thinks, more in accord with what we observe clinically as the result of treatment, and explains its very evident limitations. It is in accord, also, with experimental facts showing that only vaccinations with living cultures produce any real immunity, and not those with dead germs or chemical products derived from cultures. Accepting thus the toxin immunization conception as a guide to treatment, instead of measuring the degree of a questionable anti-bacterial immunity by the opsonic index, or attempting to produce it more empirically by a series of moderate reactions, the severity of which we can not in any way control, the main features of treatment, he says, would be: 1. To raise the degree of tolerance to tuberculin to the highest point attainable in each case by an almost imperceptible and long continued progression in dosage. 2. To avoid general and focal reactions as much as possible and to consider them as merely evidences of intolerance. 3. To follow no fixed rule as to the rate of increase or maximum dose to be reached, but to be guided only by the degree of toxin tolerance of each case as shown by the symptoms and general condition, whether the highest dose attainable be only a small fraction of a milligram or a cubic centimeter or more.



**Diphtheria "Carriers."**—M. Solis-Cohen, Philadelphia (Journal A. M. A., January 9), believes that the latent and "carrier" cases are mostly responsible for the spread of diphtheria in cities where the usual precautions are taken as to notification, etc. He gives his own results in the examination of those who had come in contact with diphtheria and quotes those compiled by Graham-Smith which correspond fairly well with his own, which showed an average of over 60 per cent. infected. The infected "contact" is, therefore, as great a menace to public health as the convalescent from actual diphtheria. He defines as "latent" diphtheria the condition in which positive cultures are found in persons showing some pathologic condition, local or general, unassociated with pseudo-membrane. Some of those cases may possibly be only tonsillitis. The fact that non-virulent diphtheria-like bacilli are found in the mouths of healthy persons complicates the question, but Solis-Cohen thinks that health officials would be justified in demanding bacteriologic tests of those who had been in contact or inmates of the same house or institution with a diphtheria patient, and, if found infected, isolating them till the bacilli disappeared. But, owing to the possibility of the organisms being non-virulent, inoculation tests should be made when requested on guinea-pigs, and

restrictions removed if the animal survives. He has followed this plan in his practice and as medical inspector, whenever possible, since September, 1906, with good results and relates a number of instances showing its utility.

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**Three Points of Importance in Intestinal Obstruction.**—Dr. W. J. Mayo, (Lancet-Clinic) says: "In acute intestinal obstruction I think there are three points so important that every surgeon of large experience must have had them brought to his mind time and again. First, do not give cathartics to a patient if you suspect intestinal obstruction. I have noticed particularly that the cases that have been brought to us practically in a moribund condition, have had catharsis early, and thereby their chances of recovery have been diminished to a very serious extent. Second, do not give opium, because it masks the symptoms, and our only hope of recovery from operation lies in getting the patient to operate on early. Third, do not give food.

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## NEWS NOTES

The Southeast Kansas Medical Society will hold its next meeting at Parsons, April 13, 1909.

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**For Sale.**—A half interest in a well-established sanitarium near Kansas City. Write to Mrs. M. P. Sexton, Bonner Springs, Kas.

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Dr. M. T. Sudler, of the Kansas University, delivered a lecture Jan. 29th, at the Congregational Church in Kansas City, Kansas, on "The Prevention of Disease."

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Dr. L. L. Uhls, Superintendent of the Osawatomie Asylum, delivered a lecture Jan. 26th, before the Brotherhood of the First Presbyterian Church in Kansas City, Kansas, on "Heredity and Degeneracy."

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**Doctors Need Not Tell Ingredients of Medicines Prescribed.**—The right of a physician to withhold from the public the ingredients of medicines prescribed for patients has been upheld by Justice Lemuel W. Royse, of Warsaw, Ind. In a damage suit which he heard recently one of the witnesses was Dr. Anna Grover Kaufman, of Goshen, who in her testimony, refused to state what medicines she gave the complainant, who was her patient, and the judge justified her in her refusal.



Dr. D. E. Smith has been appointed county physician of Wyandotte county.

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The Kansas Medical Society will hold its next meeting at Emporia, May 5-6-7th. The program committee is now arranging the program which is to include one of the "big" men of the profession for an oration.

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The Medical Society of the Missouri Valley will hold its next meeting at St. Joseph, Mo., March 18th and 19th. Dr. N. S. Davis, of Chicago, will deliver an address in medicine and Dr. H. J. Boldt, of New York City, in surgery.

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The second annual banquet of the Johnson County Medical Society was held at the hotel Olathe, Jan. 11th, 1909. The following program was given: "State Medicine," Dr. H. E. Williamson, Pres.; "The Doctor," Mrs. R. M. Moore. Discussion opened by Dr. Thos. Hamill. Toastmaster, Dr. F. F. Greene.

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The Wyandotte County Medical Society held its annual banquet at the Grund Hotel, Kansas City, Kansas, Jan. 12th, 1909. The President, Dr. R. C. Lowman, acted in the capacity of toastmaster. Toasts were responded to by C. L. Brokaw, Col. E. C. Little, and Drs. E. R. Tenny, W. F. Fairbanks, S. S. Glasscock and James W. May.

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The general profession of Kansas City will probably have the chance of hearing the lecture by Major Lynch, of the U. S. General Army Staff, of Washington, D. C. on the subject of The Surgical Aspects of the Russo-Japanese War. Major Lynch gave this lecture before the New York Academy of Medicine recently. It is a lantern lecture. The Kansas City Academy of Medicine, under whose auspices it will be given, will announce the date later.

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**The Kansas City, Mo., Academy of Medicine.**—The following officers were elected at the annual meeting of the Academy, which was held recently: President, Dr. George B. Norberg; Vice-President, Dr. F. T. Van Eman; treasurer, Dr. C. B. Hardin; secretary, Dr. J. E. Kimberlin; and censor, Dr. G. A. Beedle. The annual banquet was held on Jan. 14th, at the Baltimore Hotel. Dr. R. H. Babcock, of Chicago, was the guest of honor and delivered an address on "The Relation of Chronic Cholecystitis to Diseases of the Heart."

At the regular session of the Clay County Medical Society, Jan. 13, 1909, the following officers were elected for the ensuing year: President, Dr. X. Olsen, Clay Center; vice-president, Dr. C. C. Stillman, Morganville; secretary, Dr. B. F. Morgan, Clay Center; treasurer, Dr. S. E. Reynolds, Clay Center; delegate to state society Dr. W. M. Droll, Leonardville.

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The Council of the Kansas Medical Society held its annual meeting at Topeka, Kansas, Jan. 25th, 1909. By a unanimous vote the Council decided that no more discussions of papers read at the annual meeting of the State Society would be published in the Journal. The present editor was re-elected for the ensuing year. The Councillors present were C. C. Goddard, President; Charles S. Huffman, secretary; L. H. Munn, treasurer; J. A. Dillon. O. J. Furst, O. P. Davis, Hugh B. Caffey, Preston Sterrett and Charles W. Reynolds.

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**Correction.**—The paper entitled "Should the State Maintain Sanatoria for Tuberculous Patients" was not written by Dr. J. A. Milligan, of Garnett, to whom credit was given. Just who wrote it we are not able to state. It was sent to the Editor by the Secretary along with some forty other papers to be published in the State Journal. Dr. Milligan read a paper before the State Society entitled "Should Kansas Maintain an Institution for the Care of Her Tubercular Citizens?" but the doctor disclaims the other one. Will some one please step forward and confess to the authorship, so proper credit may be given him. Don't all speak at once.

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The January meeting of the Atchison County Medical Society was held in Dr. Loper's office, Atchison, on the 12th. Officers for the year were elected as follows: President, Dr. A. B. Chase; vice-president, Dr. P. R. Moore; secretary, Dr. E. B. Knerr; treasurer, Dr. E. P. Pitts; delegates to State Society, Drs. E. T. Shelly and J. F. Preston; censor, Dr. J. C. Cole. Clinical cases representing hysteria were recited by Drs. Allaman, Linley, Lilly, Shelly and Cole, and were generally discussed by the members present. A symposium on "Infant Feeding" was presented and the following topics discussed: "My chief difficulty in infant feeding," Dr. Shelly. "Modified milk vs. prepared foods," Dr. Lilly. "Herd-cow's or single cow's milk?" Dr. Allaman. "Regurgitation and treatment," Dr. Cole. "Treatment of diarrhoea and constipation in infants," Dr. Chase. "Pasteurized vs. non-pasteurized milk," Dr. Caldwell. "Marasmus in infants," Dr. Campbell. "Relation

between food and skin eruptions," Dr. C. H. Linley. Other members also took part in the discussion. E. B. KNEERR, Secy., Atchison, Kansas.

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The Reno County Medical Association held a regular meeting last evening at the rooms of the Commercial club. The following officers were elected: President, Dr. W. F. Schoor; vice-president, Dr. H. H. Miner, of Partridge; treasurer, Dr. H. H. Heylmun; secretary, Dr. M. C. Roberts; censor, Dr. Fred A. Forney; delegate to the state convention in the spring, Dr. H. J. Duvall. The doctors are making arrangements for the annual meeting in the spring of the Reno County Medical Association which will be a special one as they will invite the doctors of the southern and western part of the state to attend. One day will be set aside for a scientific program to be followed by a banquet at one of the local hotels.

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The Johnson County Medical Society met December 14, 1908, in Dr. Moore's office, in Olathe, Kansas. Dr. O. T. Leftwich presented to the Society an excellent paper on "Alkalinity of the blood." The usual order of business was taken up and dispatched. After which the officers for the ensuing year were elected: President, Dr. H. E. Williamson, Olathe; Vice-President, Dr. R. E. Eagan, Springhill; Secretary, Dr. W. C. Harkey, Gardner; Treasurer, Dr. R. M. Moore, Olathe; Censor, Dr. T. S. Greer, Edgerton; Delegate, Dr. F. F. Greene, Olathe. Following the election of officers, we were invited by the Olathe physicians to partake of a bounteous spread of oysters and a good square meal besides, which we found awaiting us at a near-by cafe. We out of town members extended to Olathe our heartfelt thanks and proceeded to make the best of the situation.

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### BOOK REVIEW.

The Ready Reference Handbook of Diseases of the Skin. by George Thomas Jackson, M. D., Professor of Dermatology, College of Physicians and Surgeons, New York, etc. With 99 illustrations and 4 plates. Sixth edition, thoroughly revised. Lea & Febiger, New York and Philadelphia.

This, the sixth edition of this well known handbook, has been somewhat enlarged by the brief descriptions of some rare types or sub-varieties of disease, not heretofore included in this work.

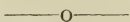
Not much can be said in criticism of this book, unless the utility of handbooks in general be called into question. The author is very careful to keep to the beaten road and to avoid the controversial; and indeed this is necessary in a book of this nature—which is one of the evils of a handbook.

This book is intended for that "busy" class of men who have no time to look up a subject by the use of an index, or by searching for it under its proper classification, but must find the matter under its initial letter in the body of the book, much as a traveler might look up a town in a gazeteer. One learns what little he thus learns about a disease in a disjointed way, and dissociates the morbid state from the allied phenomena.

It is a pity that a subject which admits, better than any other branch of medicine, of harmonious classification, should be offered to the student in a form that tempts him to ignore its systematic study. But this is being done increasingly and we find not only this author but several other dermatologists of recent years handling their subjects after this fashion, and thus catering to the so-called "busy" practitioner.

Yet this book is one of the very best of its kind, and has had a wide popularity, as attested by the fact that, five large editions having been exhausted, it is now entering upon the sixth.

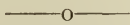
O. P. D.



**Treatment of Diseases of Children.** By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

This work is exhaustive and complete. The first chapters are given to the care of the child in early life. Especial attention is given to hygiene; then the subject of nutrition and growth. After laying down the fundamental principles to be observed in treating diseases of childhood, each classification of disease is treated in an exhaustive manner. One important feature of this work is the chapter on unpalatable and nauseating drugs. This alone should commend this work to the practitioner of medicine. Another important feature is the treatment of gymnastic therapeutics.

C. S. H.



**Gonorrhea in Women.**—By Palmer Findley, M. D., Professor of Gynecology in the College of Medicine, University of Nebraska, Omaha. Cloth, octavo; Pages 112. 1908. St. Louis: C. V. Mosby Medical Book and Publishing Co.

The author of this brochure, Professor Findley, was trained under Webster in Chicago, and is now probably the leading gynecologist in the Missouri Valley. He is also the author of the Gynecological Diagnosis which has had such a pleasing reception. Hence he is well fitted to treat the subject in hand.

Professor Findley treats the subject under the following heads:



Historical Sketch; Etiology; Pathogenesis; Pathology; Diagnosis; Sociology; Treatment; Literature.

From this one can see that the subject is viewed from every standpoint.

Professor Findley regards as necessary a bacteriological examination practically in every case; and he would exonerate many obstetricians from the charge of causing puerperal fever because their patients may have had latent gonorrhea. For instance, on page 34 he gives the following paragraph:

"The value of bacteriological examinations of the uterine secretions is illustrated by a case of puerperal infection following an instrumental delivery done without the boiling of instruments or the washing of hands. A chill followed twenty hours after delivery and the temperature rapidly reached 104 Fahrenheit. The presumption was that the infection had been introduced at the time of labor, but a coverslip preparation of the uterine secretions, taken from the cavity of the uterus, revealed a pure gonococcus infection."

On page 35 he shows that gonorrhea acquired during pregnancy does not materially influence the course of pregnancy.

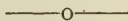
"This case illustrates that a gonorrheal infection acquired after the third month of gestation does not usually extend beyond the internal os, that while confined to this limited area the patient may be ignorant of its existence; but that after labor the infection may rapidly pass by way of the endometrium to the tubes. In the non-pregnant state we find the tubes are seldom involved within several months of the initial infection, and as a rule the infection does not involve the tubes independent of pregnancy, menstruation, or a local mechanical disturbance, such as curettage."

On page 62 the effect of gonorrhea on child bearing is given as follows:

"The inhibiting influence of gonorrhea upon the procreative capacity of women should demand our serious consideration, for to this disease a large proportion of sterile marriages may be ascribed. A review of the literature will convince one that gonorrheal infection is not necessarily a barrier to conception. Statistics from a number of the continental hospitals show 20 to 25 per cent of pregnant women to be infected with gonorrhea. Gonorrhea of the cervix does not prevent pregnancy, and it has repeatedly been shown that endometritis and salpingitis of gonorrheal origin do not always preclude the possibility of pregnancy. Brothers reports two cases with bilateral pus tubes, in which the patients subsequently gave birth to several children. A similar case was recently observed by myself. Noeggerath found that 49 out of 81 wives of men known to have had gonorrhea were absolutely sterile and 11 were relatively sterile. Glunder found that in 87 sterile marriages, 62, or 71.3 per cent, were chargeable to gonorrhea. Bumm estimates that that 30 per cent of gonorrheal patients are sterile."

In general, one may state that the book is well written and complete; that the literature has been thoroughly worked out, and the matter brought down to date and set forth in a most useful way.

HOXIE.



A Handbook of Suggestive Therapeutics, Applied Hypnotism, Psychic Science by Henry S. Munro, M. D., Americus, Georgia. Second edition.

Cloth. Small octavo. Pages 360. St. Louis, 1908. C. V. Mosby Medical Book Publishing Company.

Since the establishment of the Immanuel movement in Boston, popular attention has been turned to psychotherapeutics more closely than even under the regime of the Christian Scientists. Probably this is somewhat due to the fact that the majority of our people realize the absurdity of the Christian Science principles and are glad to accept the other horn of the dilemma that seems to be offered in mental healing. Hence it is small wonder that the book before us has now appeared in its second edition, because every physician is clutching with avidity at every straw that may give him help in this storm of therapeutic unrest. Many such books have appeared in America; some popular, some supposedly technical in their character. Even among the ranks of the homeopathic physicians such a book has appeared in the form of Halphide's "Mind and Body." The reason for this multiplication of books is to be found not so much in the difficulty of the subject itself, but rather in its simplicity and in the fact that the successful use of psychotherapy depends upon the individual practitioner rather than the amount of knowledge of the subject which he has in his possession.

The standpoint of the present author may be seen in the following extract from the preface:

"Many volumes have been written upon this subject by neurologists, scientists, and psychotherapeutists of note, but in most cases they lack the practicability so essential to its successful employment by the general practitioner. My aim is to emphasize the value of suggestive therapeutics in a field of work that comes within this domain, which has not heretofore been pointed out by the authors of other works of this character. The presentation also embodies what I have assimilated and found practical from a careful study of the investigations of leading authorities on this subject. To make this book practical and easy of assimilation has been my constant aim. And here it may fitly be pointed out, with a view to forestalling criticism that this book is not intended principally, or even mainly for neurologists and psychotherapeutists, to whom the constant repetition of what to them are well known facts must inevitably prove wearisome. It is intended rather to instill into the vast mass of the profession to whom this entire field is as yet terra incognita, those basic principles of physiological psychology upon which the scientific therapeutic application of suggestion in all its forms necessarily depends. With that end in view, principles of all pervading importance are iterated and reiterated as often as their application comes under consideration, in order that they may become so fully absorbed and assimilated as to be almost axiomatic to the reader."

In order to "iterate and reiterate" his points, the author has seen fit to use blackfaced type throughout his text in the same way that a society woman underscores every other word in her letters to her friends. The result of course is very unpleasant to the eye and it sometimes seems as if the result were nonsensical to the understanding. It seems to us at any rate that the reader should

be given credit for having some sense and some ability to pick out the important truth in each paragraph.

Because of the great discussion now taking place on the relation of religion to medicine, we wish to quote something of this author's standpoint in these matters. Therefore we quote the following from page 257:

"Suggestion is to be seen in all such religious experiences from start to finish. The methods adopted by the clergymen of getting en rapport with the audience; the unconsciously induced condition of receptivity by quartettes composed of male and female voices; the reading responded to by the audience, followed by a female solo; all create a psychic condition which renders the individual forgetful of self and surroundings."

The author seems to believe that the majority of the clergymen are doing more damage than good, because of the suggestive effect on the health of their patients. Thus, on pages 261 and 262, we find the following statements:

"The psychical correlation between religious emotion and the animal passions is now recognized by all our ablest psychologists, neurologists, and psychiatrists. The erotic and religious feelings are so closely associated that the step from the emotional religious enthusiast to the sexual prostitute is but a very short one." . . . . "Children, as well as men and women, who are not sufficiently educated to think for themselves upon these questions, are, when the emotions are stirred, suggestible in the highest degree; and any method of coercion which incites fear, plays upon the imagination and dethrones reason, is prostitution of body and mind." . . . . "A neurotic woman, after having been subject to religious excitement for several days, began having cataleptic seizures and had kept this up constantly every day for two years, being all the while in a state of religious fervor, and was frequently visited by her minister who would talk and pray with her, thus keeping up this morbid psychoneurotic condition."

Again on page 264 the author calls attention to the danger of permitting religious fervor to dominate the child's environment during the years of adolescence, as the following extracts show:

"Adolescence especially should be kept free from an environment of religious fervor, which holds their constant attention and causes a useless expenditure of nervous energy to the neglect of the development of all other physical and mental attributes that should be cultivated by directing their lives into the normal, healthful, useful lines of thought and action."

"The religious training of a great many individuals has but served to educate them into psycho-neurotic disease, which practically unqualifies them for the duties and responsibilities of life."

While this book is tiresome, nevertheless it is perhaps worth the while of physicians to read it in order to have impressed on their minds the wide field for the use of suggestive therapeutics in their daily practice. After reading it, they may then turn with more appreciation to the works of Bernheim, Charcot and Forel, who are of course the acknowledged authorities in this field of activity.

HOXIE.

# THE JOURNAL OF THE Kansas Medical Society.

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No. 3

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## THE POTENCY OF OUT-DATED DIPHTHERIA ANTITOXIN.

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J. E. HUNT, M.D., Assistant Professor of Pediatrics

Medical Department, University of Kansas.

With the now recognized value of antitoxin in the treatment of diphtheria, the question is beginning to be asked—how effective is old or out-dated sera?

In both Germany and France the law requires simply the date of manufacture to appear on the outside of each package. No attention being paid to a possible deterioration. With us the law requires, not the date at which the contents were made; but rather the extreme time for which the manufacturer will be responsible for his product. Inferentially this implies that there is a limit to the potency of the serum. But the date, usually a year from the time of sending out, is a very conservative one, as recent experiments have shown. For instance, Dr. Miller of Detroit tested by means of the Ehrlich standard, some 82 specimens of serum ranging from six months to six years in age and of different strengths. Of these 82 lots he found 25 or 30 % showed deterioration and the higher the potency the greater the loss. He concludes from these findings that antidiphtheritic serum undergoes gradual deterioration, the high potency serum changing more rapidly than the weaker: but neither being as rapid as has been supposed.

Clinically it has always been held that antitoxins are only fairly stable. In the case of sera they deteriorate largely according to the conditions in which they are kept and also depending somewhat upon the amount of certain blood ferments contained. Light and heat seem to be the greatest factors in determining the rapidity of deterioration. It has not been until recently that much atten-



tion has been given to this point. In July '02 the French Minister of the Interior made the statement that antidiphtheritic serum loses none of its curative qualities by being kept for more than a year.

With these suggestions in mind, I was called to see a virulent case of laryngeal diphtheria, through the out-patient department of the Kansas University. Conditions being very urgent and only a tube of old serum at hand, I gave it, but with the idea of possibly tiding over until fresh serum could be obtained. Intubation was also necessary, the next morning the tube was removed and much to my surprise breathing was quite comfortable. Feeling that the old serum had been effective I decided not to replace the tube but to give another 3000 units of the same, this was dated to be returned Oct. 8 '06 (over 18 mo. old). The child made an uneventful recovery. With this experience I decided to test the potency of old serum further, and also if possible, to determine what relation existed between the above laboratory findings and its clinical use. At the same time being prepared to administer fresh material if conditions did not improve in the usual time. The following are the histories of the cases so treated and cover a period of over 18 months.

**Case 1** has been given.

**Case 2:** Sept. '07, boy age 4 extensive membrane and marked constitutional symptoms: 2000 units dated to be returned in April '07, given, Improvement rapid and recovery complete.

**Case 3:** July '08, in a family where a boy had died of the disease without antitoxin, immunizing doses were given to four remaining children, none contracting the disease. But curiously enough the father who had had none came down with it, making it necessary to administer 5000 units dated April '07, His recovery was rapid.

**Case 4:** Oct. '08, girl age 7, rather mild attack, 3000 units dated April '07 were given. A brother and sister were also given 1000 immunizing units, same date. Neither contracted the disease and the patient made an uneventful recovery.

**Case 5:** Nov. '08, boy age 4, severe attack, given 2000 units dated April '07 recovery in the usual time.

**Case 6:** Dec. '08, boy age 3, very severe attack, temp.  $104\frac{1}{2}$  prostration marked, was given 2000 units dated July '07. Recovery.

From these clinical tests it would seem that we are justified in concluding that antidiphtheritic serum retains its full therapeutic value for months and perhaps for years after their time limit, as stamped on the package, has expired. And further there would

seem to be a very close relationship between the clinical and laboratory findings. As the cases reported are so few in number we are hardly justified in being very dogmatic in our inferences. But since the cases cited were unselected and consecutive they at least show a tendency.

As a practical deduction from both the clinical and laboratory findings we are never justified in deferring the administration of antitoxin because old serum is the only material at hand. 317 Argyle Bldg. Kansas City, Mo.,

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## EXOPHTHALMIC GOITRE.

MERVIN T. SUDLER, M. D., Lawrence, Kansas.

Read at the Fall Session of the Northeast Kansas District Medical Society, at Atchison, Oct. 8, 1908.

In the last few years the complicated chemical processes of the body have received more attention and study than ever before, and we realize that by the signs of the times we are on the eve of the discovery of facts concerning this complicated chemistry of the body and the action of its ferments such as we can hardly conceive of today. If when we studied anatomy we admired the wonderful physics there illustrated, as for instance, the hydrostatic balance in the circulation of the mesenteric artery, how much more wonderful is the chemical balances that are maintained by different organs of the body, and how wonderful does our new knowledge of the complicated problems of nutrition, of immunity, and even normal physiology seem to us.

The thyroid gland has attracted wide spread study. In 1902 Kocher printed a bibliography of fourteen hundred articles, and today they number about twenty five hundred. The writer followed a few of these and wishes to present to you some of the latest opinions, and a few of his own observations on the rather mysterious disease described by Graves, in 1835 and known almost universally as Exophthalmic Goitre, and usually associated in all the theories for its cause in some way with the thyroid gland.

**SYMPTOMS:**—There are certain symptoms which we associate with this trouble. One or more of them may be absent, but in cases of any severity we always have tachycardia, a fine tremor, exophthalmos of more or less degree, and an enlarged or pathological thyroid. In addition to these Gilman Thompson (American Journal of the Medical Sciences, December 1906) has called our at-

tention to the frequency with which fever, sweating, eruption, and oedema occurred along with these others.

In all, about seven theories have been advanced to explain this disease, and their bearing on our present knowledge has been very well discussed by Dr. Heineck (Surgery, Gyn. and Obstetrics), December 1907. These theories are, first the cardiac theory, advocated by Stokes and Graves, second the compression theory, advocated by Tillaux and who was the first surgeon to operate for the trouble. Third, the sympathetic theory advanced by Kobeus and defended by Oppeneimer. Fourth, the nervous theory by Sattler and Putnam. Fifth, the parathyroid theory of McCallum and Voegtlin. Sixth, the thymus theory advanced by Moebius, and Seventh, the generally accepted theory that it is caused by pathological condition of the thyroid gland, and is a complicated disorder of nutrition. This pathological condition expressing itself in the secretion of too much or an altered secretion which causes the complicated symptoms.

And, only recently (J. A. Of the Med. Sciences, Mch. 1908) W. Hanna Thompson has advanced the idea that a toxemia of an intestinal character due largely to animal proteids is really the root of the trouble, and so in his treatment he uses intestinal antiseptics, and a very restricted meat diet.

The weight of evidence it seems is so overwhelmingly conclusive for the thyroid theory that that is the only one which I shall discuss at any length. If we compare the conditions of myxoedema and exophthalmic goitre we find that the two conditions are in many respects opposites of one another. In myxoedema the principle symptoms are the dry skin, the gross increase in weight, the slow pulse and the quiescence of nervous symptoms. In exophthalmic goitre we have the moist skin, loss of weight, rapid heart, and unusually active nervous system. A condition corresponding to the diseases in man has been produced experimentally by Edmunds in dogs and monkeys, and Nothaft report a case of a patient who took 1000 five grain tablets of thyroid extract in five weeks. He developed all symptoms of exophthalmic goitre. Upon the cessation of all drugs the symptoms ceased, except the exophthalmos which persisted for six months and gradually disappeared. Other cases of a similar character have been reported.

We can distinguish two types of the disease, the primary and secondary. The primary type is usually associated with definite glandular hyperplasia in which the microscopic construction shows an active proliferation of the gland cells. The entire gland is symmetrically enlarged and keeps its shape. The veins

become very prominent on its surface, its circulation is very active and at times it adheres to surrounding tissues and especially the larynx. In such a case, all of the symptoms are usually shown and developed rapidly, and a larger percentage of them go on to a fatal termination.

In the secondary form, there has usually been a goitre of long standing; a careful microscopical examination, however, shows cellular hyperplasia and increase in the stroma throughout the gland or in parts of it, perhaps cystic in character and the swelling is not symmetrical. The symptoms usually come on slowly, and are not so severe, some of them may be absent altogether and they give us a shading of all degrees from very severe cases resembling the primary ones to a condition where there is only a slightly elevated pulse rate, and nervousness. Beilby (*Annals of Surg*, June 1906) in an analysis of cases gives the average age of onset at 28 years. The average age of life after the onset is three years and ten months. Gilman Thompson in an analysis of eighty cases found that 71 occurred in females and nine in males. Neither of these men have separated the types I have mentioned in their analyses. Goitre never occurs in an endemic form near the sea coast (MacCallum) but is very prevalent in certain geographical localities. For instance, in this country it is common around the great lakes. This is true of animals as well as human beings, and about 90 % of the dogs of Cleveland have goitre (Marine) some of them being of the exophthalmos variety. Sheep are also attacked. A congenital form can be produced experimentally by removing the gland or most of it from a pregnant bitch. The puppies will have enlarged hyperplastic thyroids. (Halsted) Marine maintains that the cystic form of goitre is only the second stage of the hyperplastic form which would cause us to classify the two types mentioned as stages rather than types. In his experimental work he found that small doses of iodine would cause the active glands to quiet down and assume the simple cystic form. While dogs who have had no iodine stand either very poorly those which have had it stand it all right. In a careful analysis of a number of cystic glands he also finds the iodine content is less than one half of the normal and that iodine given by mouth very rapidly raises this amount.

**METHODS OF TREATMENT:**—The methods of treatment that have been used fall into three classes. Medical and serum treatment are usually combined. The various medical treatments that have been suggested are even more numerous than the theories which have been advanced for its cause. But those which have seemed to me to represent the practice of our best physicians, is to



put the patient to bed remove all disturbing factors, limit the diet to very simple foods and give what few drugs the symptoms seem to indicate. Judging from Marine's work iodine in small doses should always be given.

The mortality resulting is given by Gilman Thompson as ten per cent.

Various sera have been suggested. In 1889 Burghart and Blumenthal injected serum which they obtained from amyxo oedematous patients. Moebius and Shultze removed the thyroid glands from goats and fed the milk to their patients. Parke Davis & Co., sell a tablet composed of the dried blood obtained from animals after the gland has been removed. None of these methods have been efficient. In 1906 Rogers and Beebe announced their results in the treatment of about a dozen cases by means of serum which was obtained by injecting increasing doses of thyroid gland which was taken from a person suffering from primary exophthalmic goitre into a rabbit. This serum has yielded brilliant results in a few cases of the acute and serious forms of the disease. In the secondary type the results have been far from satisfactory. This serum also has a disadvantage that one human gland will make only about enough to treat a dozen patients. About a year and half ago they were offering a limited amount of it to the profession to be used under their direction.

**THE SURGICAL TREATMENT:**—This method of treatment, by partial thyroidectomy has been gaining ground in the last few years, and Heineck reports 500 cases treated in this way in a recent article. His conclusions are that the mortality is less and the percentage of cures higher, than by any other method of treatment. However, it is well known that these patients bear operation badly, and that they should be operated upon by only surgeons of great skill and experience. And in looking over this list one is impressed with the fact that the percentages of recoveries of the men who have had the greatest number of cases and the most surgical experience are very much better than those whose experience has been limited. The patient should be carefully prepared by being kept in bed and perhaps by having the thyroid X-rayed from two to three weeks before the operation, (Mayos) Kocher advises doing the operation in successive stages. First by ligating both superior thyroid arteries, then the inferior thyroid artery on the side to be removed, and then last carefully shelling out the gland. Crile gives inhalations every day and tells the patient they are a form of treatment. Finally at the last inhalation the ether is increased and the patient anæsthetized and operated upon. He claims this

removes the danger from the exaggerated and often dangerous symptoms that follows excitement in these patients. Curtis reports fourteen cases operated upon with three deaths from acute thyroidism. Bielby reports six cases, four cured, one died on the table from the ether, and one from acute thyroidism. Martin B. Tinker of Ithaca reports sixteen cases and no deaths. He uses local anesthesia entirely. In doing this operation care must be taken not to injure the recurrent laryngeal nerves, and it is best not to remove the small parathyroid bodies even on one side, for tetany may result.

It is interesting to note in this connection that MacCallum and Voegtlin have reported that in animals which this body has been removed, that all symptoms can be instantly cured by the intravenous injection of a solution of a calcium salt, the animal remaining well for 24 hours when symptoms again appear unless the calcium salt is administered again. They have studied the excreta and believe there is an increased output of calcium; while the analysis of the blood during the attack shows a marked decrease in calcium content, and they suggest that these small glands may in some way control the calcium metabolism of the body. The division of the cervical sympathetic as recommended by Jaboulay has been abandoned.

These are some of the most recent ideas concerning this disease that have been recently given in the literature, I hesitate to give my own opinions, as altogether I have followed only five cases and only one of them was really my own patient. Three of these cases were of the primary type, one of them was operated on by Dr. Curtis of New York and she recovered. The second one, a young girl of nineteen was operated on by a colleague and died 36 hours after the operation. I might add that her condition was poor at the time of operation and was rapidly growing worse.

The third case was in a woman about 56 years of age who had had the trouble three or four years. She was very much emaciated, there was some oedema of the ankle and fever in addition to the regular symptoms. She was being treated by a man of wide newspaper fame of Kansas City. She had had the disease for four years and was still alive ten months later. The other two cases were of the secondary type. One had had a goitre which appeared when she was about thirty years old and it had gradually increased in size for eight years. Symptoms of exophthalmic goitre appeared gradually the last two years and slowly but surely increased. Her condition was desperate, but she was operated on by Dr. Finney of Baltimore and made a complete recovery. The other case was a

women well over thirty years of age. A uni-lateral goitre had appeared when she was sixteen years old. Two years before I saw her, nervous symptoms, with a rapid heart, and indigestion appeared. She had no exophthalmos nor were the other symptoms present. I treated her medically with the addition of the Park-Davis blood preparation and she seemed to improve very slightly. She has now gone to another physician and I understand he is treating her by some form of electricity, and has been for nearly a year. She is still a nervous invalid with her condition about the same.

With this limited experience I feel that for the primary type of the disease that if we treat them carefully medically for ten weeks or more with iodine. And it if were obtainable, Rogers and Beebe serum, and then if the case did not improve it would be advisable to do a partial thyroidectomy by means of local anesthesia. And while I have not seen it recommended, if the patient accepted the operation, and she was so nervous that the gland could not be removed under local anesthesia, I would try to expose the gland and with the cautery heated to a dull red, destroy most of the gland substance of one side after first ligating its arterial blood supply if possible. However, I believe that surgery is the last resort and should not be urged until it was evident that the medical treatment was valueless. With Marines experimental work in mind the treatment with iodine would be expected to make operative interference safer than if the patient had been subjected to it at first and also many of these cases tend to improve spontaneously.

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## TONSILLOTOMY AND TONSILLECTOMY.\*

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OUTLINE:—This article will take up only the faucial tonsils and in their surgical aspect, not medical. Evidence exists which will not be detailed here (see reference list) that the tonsils are the means of entrance into the body, of infections resulting in tuberculous adenitis, pulmonary tuberculosis, rheumatism, endocarditis, scarlatina, peritonitis and even nephritis; also more local diseases such as diphtheria, peritonsillar abscess and otitis media acute and chronic. It will be assumed that the necessity for the removal of the

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\* Read before the North East Kansas Medical Society February 9, 1909.

tonsils has been definitely determined and that it only remains for the operator to choose his method.

**HISTORICAL:**—(Robertson-J. A. M. A. 11-28-03 from McKenzie "Diseases of the Nose and Throat"). As early as 10 A. D. Celsus speaks of tonsillotomy as a common practice, accomplished by a finger nail or bistoury. Aetius (490 A. D.) advised the removal of that part of the gland only, which protruded beyond the pillars. Paulus Aeginata (750 A. D. ) advised grasping the gland with a tenaculum, drawing it well out and "cutting it out by the root". He limited his operations to those cases in which the tonsils were white and contracted with a narrow base. Albercasis (1120) had the same fear of hemorrhage and Pare (1509) did a tracheotomy where there was serious enlargement of the tonsils and advised against their excision. Serverini (1637) removed large portions of the gland when pediculated, with a hook and semicircular knife. Dionis (1672) and Heister (1683) both advised against any operation. In 1757 Caque commenced excision again and proved that the great fear of hemorrhage was unfounded. From this time operation became the recognized method of treatment. Louis in 1774 used straight and curved scissors, limiting his attack to the part projecting beyond the pillars. In 1827 Physick of Philadelphia produced the first guillotine tonsillotome after which McKenzie's is modeled. Five years later Fahnestock's first ring tonsillotome appeared, practically the Mathieu of today. Pyncheon reported his cautery dissection method in 1890. (Jour. A. M. A. Nov. 22, 1890)

**Anatomy:**—An average tonsil is about one inch high, one half inch wide and one half inch thick. There are 8 to 12 crypts or openings on the mesial and superior surface (supratonsillar fossa), some of which penetrate to the base of the tonsil. The crypts on the superior surface on account of their depth and being covered in are most often the source of infection. There is quite commonly a foetal fold (plica triangularis) running from the edge of the anterior pillar (palato-glossus muscle) backward across the mesial face of the tonsil at a variable height and giving such a smooth appearance to it by covering the crypts, that a careless examiner might say there was no tonsil. The same appearance is some times given by an adherent anterior pillar which has stretched toward the median line.

Externally the tonsil corresponds in position to the angle of the jaw. The relations of the tonsil are: in front, the palato-glossus muscle (anterior pillar) arching downward and outward to the edge of the tongue with which it merges; behind, the palato-pharyngeus muscle (posterior pillar) nearer the median line and arching down-



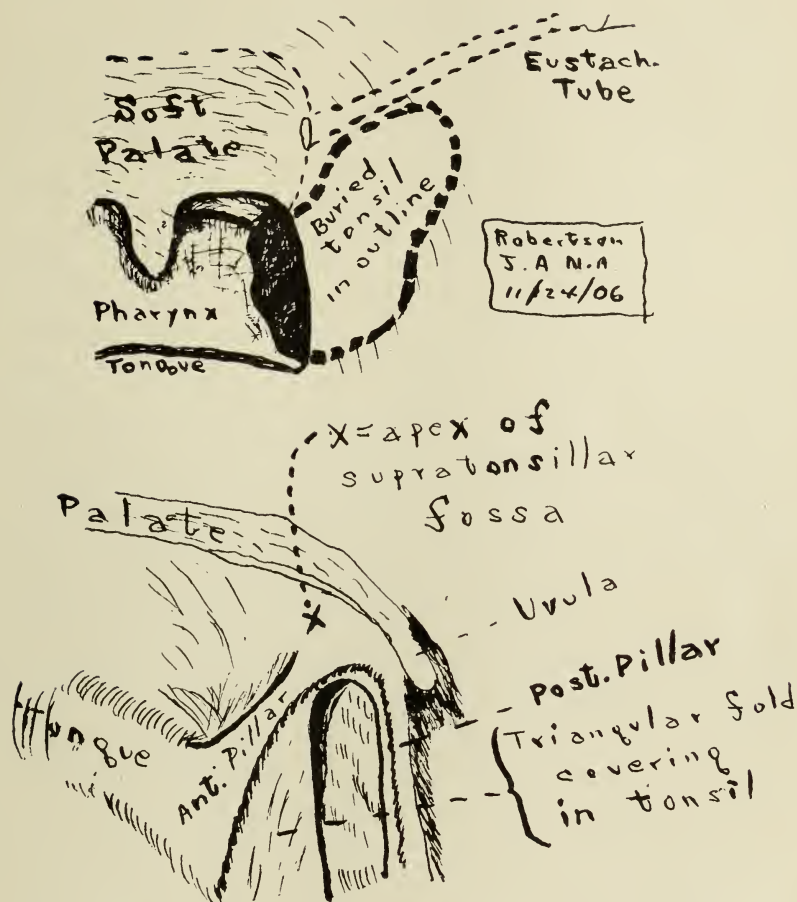
ward to be inserted partly into the thyroid cartilage and partly into the muscular mass of the pharynx; below, its thinned out edge may overlap the tongue a little; above and toward the median line is the junction of the pillars making an acute angle while more externally there is a more or less open space between the top of the tonsil and the undersurfaces of the tensor palati and levator palati known as the supratonsillar fossa; externally is the superior constrictor of the pharynx. Between pharynx wall, mandible and vertebrae is a somewhat open space (pterygo-pharyngeal or pharyngo-maxillary divided into anterior and posterior by the styloglossus and stylopharyngeus. The Internal Carotid Artery lies from  $1\frac{1}{8}$  to  $1\frac{1}{4}$  inches behind the tonsil and about  $\frac{1}{4}$  inch externally and the external carotid about the same distance away but more externally. When serious hemorrhage follows tonsil operations it usually comes from one of the tonsillar arteries and not from the ascending pharyngeal or internal carotid (Surgical Anatomy Morris-1899). A wound of the internal carotid artery has probably never occurred from tonsillotomy or peri-tonsillar abscess operation.

The external carotid is still more out of the way (Surgical Anatomy-Woolsey-1902). The five tonsillar arteries (dorsalis linguae from the lingual, ascending pharyngeal from the external carotid, ascending palatine and tonsillar from the facial and descending palatine from the internal maxillary) are all ultimately from the common carotid which may be compressed at the edge of the sternomastoid muscle at the lower level of the thyroid cartilage.

**Function:**—When healthy, the tonsils act in a manner similar to hundreds of other lymph glands situated in mucous membranes and being unusually active can overcome numbers of infecting organisms but when they have been subject to inflammation, or when their crypts are filled with cheesy material (with or without neck gland involvement) or when their hypertrophy is accompanied by ear disease or difficulty in swallowing or talking, then the tonsils far from acting as protectors of the rest of the body are not even able to protect themselves.

## OPERATIONS.

Before taking up the operations designed for the removal of the tonsil, it might be mentioned that the point usually recommended for evacuating a peritonsillar abscess is through the palate at the level of the base of the uvula. This reaches the pus generally but mutilates the muscles. A right angled knife should be used inserting it between the pillars high up pointed upward and outward and then cutting downward and inward through the tonsil, tend-



Wilson J.A.M.A 5/26/06

Upper drawing shows tonsil with greater portion buried out of sight in a deep supratonsillar fossa, close to eustachian tube and very little showing in throat.

Lower drawing shows tonsil covered by a (congenital) triangular fold so that none of tonsil shows in the throat. Both drawings show how a large tonsil may escape the notice of a careless observer.

ing toward the front or back dependant on where the greater edema is.

Operations for the removal of the tonsils:

1. Tonsillotome.
2. Wire loop.
3. Cutting forceps.
4. Multiple cautery puncture.
5. Dissection (Tonsillectomy.).

(1) **Tonsillotome Operation:**—Its solitary recommendation is that it is quick. It is neither thorough nor safe. In the hands of an experienced operator in Chicago the uvula was clipped off instead of the tonsil. In a report of serious post-operative hemorrhages (Smith-Laryngoscope, Feb. 04.) embracing 54 cases with 6 deaths, 36 were done with tonsillotome, five with knife or scissors, 3 with cautery and 10 with instrument not named, the majority of these probably being tonsillotome. From the standpoint of thoroughness, the anatomy of the tonsil makes its removal with the tonsillotome a PHYSICAL IMPOSSIBILITY. Bosworth in his work of twelve years ago admitted that the tonsillotome did not remove the tonsil. I have read the Eye, Ear, Nose and Throat Year Book for 1908, from which I gather that the tonsillotomes (McKenzie and Mathieu) are well on their way toward the museum for ancient instruments and that very few throat specialists of repute hope to thoroughly remove a tonsil with an instrument which has not materially changed since it was invented eighty-two years ago.

2. **Wire Loop:**—The gradual constriction is supposed to eliminate hemorrhage but it does not always do it. It is slow and very painful. As the tightening wire has to cut in a straight line it can be used in but few cases where the tonsillotome cannot.

3. **Cutting Forceps:**—The type that cut across the pillars from back to front are open to the same objection as the tonsillotome. During the past few years there have appeared three types of forceps that cut between the pillars up and down instead of across the edges, Robert's is similar to Thompson's except that the blades are "U" shaped in the former and "V" shaped in the latter and Thompson's has a wholehand grip. In both, the inner shaft is continued across the opening of the cutting blades, while in Straw's model the inner shaft is discontinued, allowing for insertion of grasping forceps to pull the tonsil from its bed.

4. **Multiple Cautery Puncture:**—The punctures are done at week or two week intervals until the pillars are firmly bound together by a thick band of scar tissue. This is not a cautery dissec-

tion in any sense as none of the tissue is removed. It is long drawn out and has nothing to recommend it.

5. **Dissection Operations:—**(Tonsillectomies). May be partial or complete. Partial dissection means that one or both pillars are dissected free from the tonsil with knife or scissors and then the operation is finished by cutting off the base as close as any of the instruments heretofore named will allow (e. g. Roberts or Straws Scissors).

Complete dissection may be done with knife or scissors but the hemorage is usually so profuse that the operator leaves a portion of the tonsil in situ, or wishes he had.

My own practice at present is as follows:

(1) In young children (less than 8 or 10) I use ether (open method), mouth gag and an assistant to hold the tongue down. The head is lowered, pillars separated with knife or scissors (having previously swabbed on adrenalin), Straw scissors inserted and opened, grasping forceps passed through the open blades and the tonsil pulled out and cut off. If the hemorrhage is only moderate the other side can be finished at once. I do not regard this operation as thorough but it is more so than when done with tonsillotomes, and there is less danger to the uvula and pillars.

(2). In patients over ten years who refuse the cautery dissection and who have self control enough to hold down their tongues with a depressor I do the same operation as above except that I inject cocaine into the tonsil ( $\frac{1}{4}$  grain cocaine and 4 or 5 drops of adrenalin in a 1  $\frac{1}{2}$  dram syringe of water.)

(3). The operation of my own choice is always the cautery dissection done with cocaine as above mentioned by injection. In the past nine years I have done this operation (counting each tonsil as one operation) probaby 300 times. In these cases I have had no primary and only two secondary hemorrhages which I would call serious but neither resulted in death. The age limits have been from nine to fifty-six. The disadvantage of this method is the longer period of pain subsequent to operation. It has been claimed by some that there is great scar contraction as a result of this method. Bal-lenger of Chicago says he has not seen it and if one means by scar contraction, enough to interfere with the mobility of the palate or pharynx then I have not seen it in a single case. The technique of the method may be found in the references quoted hereinafter. I have departed from Pyncheon's method in several particulars: (1) In injecting a weak solution of cocaine with adrenalin instead of swabbing on a strong one. If the patient absorbed all the cocaine in the syringe he would only get one quarter grain. (2) I do not,



as a routine measure cut away the anterior pillar. (3) After operation I apply with pressure powdered tannic acid on a lead plugger to maintain the bloodless field usually left by the adrenalin and cautery. (4) I operate both tonsils in two operations instead of four and in many cases have wished that I had removed the second tonsil particularly when they were of the small shrunken, degenerate type.

**Effect on the Voice:**—Vocal teachers quite generally advise against any tonsil operation. McKenzie, Curtis, Cassellberry, Balenger, Pyncheon and others (including at least 3000 operations) say they have never seen anything but improvement of the voice even in singers.

**Conclusions:**—(1) That the tonsillotome is nearly a hundred years old and entitled to a long rest.

(2) Vertically cutting forceps are better than tonsillotomes.

(3) Dissecting operations are the only ones that can do what they are supposed to do and that is to get the tonsil out entire.

(4) On account of the absence of primary or secondary hemorrhage, cautery dissection is better than knife or scissors in patients who are not persistent "gaggers".

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## SHOULD KANSAS MAINTAIN AN INSTITUTION FOR THE CARE OF HER TUBERCULOUS CITIZENS?

DR. J. A. MILLIGAN, Garnett, Kansas.

Read before the Kansas Medical Society May 8, 1908.

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This is a question that should appeal to every person who has any knowledge of this disease, and who knows anything of the financial condition, of the people of his community.

It is estimated by the Secretary of the State Board of Health, that there are about three thousand tuberculous subjects in this State, and the returns to the State Board of Health from every source shows, that there are about five hundred deaths, from tuberculosis each year. And while we know that these returns are not complete for the reason that all cases of death are not reported, we can place this estimate even higher than five hundred deaths each year from all forms of tuberculosis. We also know that a large per cent of these tuberculous subjects, are sent out of the State for a change of climate, when it is known that they have the disease. So the estimate of three thousand cases is, we think a safe one. If this estimate be true, and with the increase of population each year and with the known contagiousness of this disease, tuberculosis is a question that should be a paramount issue, to any other question in state politics, that will be up for consideration in the next few years. And the proper solution of this question will be of more benefit to humanity, and the State than all of the Primary Election Laws, and all of the Railroad Legislation, (questions that are purely social and commercial) that are now on the Statutes of Kansas. And how to solve this problem as to the care of the tuberculous subjects, and the prevention of the disease in the healthy individual, is a question that almost all parties who have studied this subject, are of one opinion: that isolation removing the individual having the disease from the family and others who are healthy to some place where the patient can have proper care and treatment, is the only method by which the increase in the number of tuberculous cases can be prevented. But to satisfactorily meet this condition, isolation, it is necessary that the State apply the same rules to the tuberculous disease that they apply to other contagious diseases, and that is state and county supervision, which no doubt will meet with opposition from some sources through ignorance of the necessity of separating the diseased from the healthy. Yet in time as the bene-

ficial effect of this method is demonstrated, that opposition will subside and the rules governing contagious diseases will be observed in this disease the same as they will be in other contagious diseases. But would it be fair to the tuberculous subject to enforce these rules against him without proper provision being made by the State to care for him during the existence of his disease and the enforcement of the quarantine law? We think it would be unfair and unwise for when we come to investigate the financial condition of each community, we find that about one family out of every ten families have only sufficient money or means to live and meet the necessities of life, when they have ceased their regular avocation. If this financial condition be true, then we find that about nine out of every ten families depend on their daily or monthly wages for their necessary expenses in the care of their families. And this same financial condition, or ratio of wealth to poverty will apply to the tuberculous subject as well. Then, we find that about nine out of every ten tuberculous subjects are unable to properly maintain and care for themselves, when by this disease they are unable to pursue their regular vocation, and in a short time become dependent upon their friends or relatives for support.

Then should it not be the duty of the State and could there be anything more humane, than to care for these young men and young women who are usually the most industrious and useful citizens of any community at a time when proper care and treatment will restore them to health and save them from an untimely death?

Several states have adopted this method of caring for their tuberculous citizens on the same basis that they are caring for their insane people in each state. And if the reports from the various states having these institutions are correct, we find that the percentage of recoveries in these institutions equal about 70% of all cases received and in all stages of the disease, which is certainly a remarkable improvement over the former treatment of this disease.

The treatment and care of these cases at the State Institutions is simple and also inexpensive as the treatment is known as the, "Open Air Treatment" which consists of fresh-air, sunshine, proper diet, regulation of rest and exercise, along with such medicinal measures as are necessary to meet the condition of each individual case. And so far in the fresh air treatment of these cases the most primitive houses for these patients have resulted in the greatest number of cures, for instance: The tent and tent-house has been more beneficial to these patients than the larger and better equipped and more costly buildings.

On this point I will partly quote from a report made by

Dr. Paul M. Carrington, Surgeon in the United States Public Health and Marine Hospital Service and who has had supervision of the Marine Hospital Sanatorium at Fort Stanton, New Mexico, for consumptives:

He says, "On the subject of sanatoria for consumptives, many plans have been proposed for the construction of such sanatoria. Many—probably a large majority of these plans have contemplated large expenditures for expensive buildings. State Health Officers, throughout the United States, have been importuning their respective legislators for appropriations for the construction and maintenance of sanatoria for the care and treatment of their tuberculous fellow citizens. In many cases, able and conscientious health officers have actually experienced great difficulty in convincing their law-makers of the wisdom of such an appropriation. And when granted they have been too inadequate, considering the number of tuberculous subjects in the State, in connection with the smallness of the amounts allowed by the legislature for the construction and maintenance of a sanatorium in which they may be treated. Any plan which with the same appropriation will permit the construction of a sanatorium of a greater capacity, is at least worthy of consideration. It goes without saying that a sanatorium capable of caring for two hundred consumptives, will be more useful than one practically for half that number and there has been a tendency in the past toward the construction of expensive buildings of brick and stone with complicated and costly systems of heating and ventilation, which does increase the cost of construction and lessen the amount necessary for the maintenance of the institution."

The essential structures that go to make up a sanatorium are: administrative building, kitchen and dining room, laundry and sterilizing apparatus, bath and toilet facilities, and suitable quarters for the patient.

The prospective builder of a tuberculous sanatorium will find himself confronted with a choice between ease and comfort of administration, and ideal conditions for the cure of the disease.

"The idea has seemed to be to concentrate the patients and have them within a few steps of the administrative office and attendants. The patients are placed in a room having but one wall exposure to the outside air, which receives sun-shine for only a few hours during the day, and which is ventilated by some expensive artificial system. This plan, we think, is wrong, and basing our opinion on the experience we have had at the Marine Hospital Sanatorium at Fort Stanton, New Mexico, we have a scheme for a model sanatorium for consumptives as outlined herewith: the

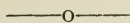


tent-house is 12x14 feet in area and is intended for two patients, the ceiling is about nine feet high, the sides being closed for about half the distance up and the remaining portion covered with sliding canvas sash, the rear or north exposure, is boarded to the roof and has a door opening to a rear porch and a connecting clothes closet. The front wall has three canvas covered doors while the side walls are boarded up from the floor for about four feet and above them to the roof are canvas covered sash. The roof is sheeted with boards and covered with some patent material such as rubberoid or flintkote. The floor consists of yellow pine flooring 2½ inches in width. Each room contains two single beds, a small sheet-iron stove and a lavatory with running water. The windows and doors are screened at such seasons as is necessary to keep out the flies and other insects. Each tent-house is placed about sixty feet apart. The cost of such a building furnished as above described will be from \$150.00 to \$200.00."

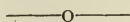
The other buildings such as administration, power-plant, dining-room, kitchen, bath-house, and laundry should be constructed along the same economic lines, and the architectural design should be for the usefulness and convenience, instead of ornamental effect.

These buildings with the necessary equipments for a colony of two hundred patients should not cost to exceed \$15,000 to \$20,000 which would make a total cost of a sanatorium on the tent-house plan somewhere about \$40,000. And as to the amount necessary for the care and maintenance for each patient per month, I have no data, but it should not exceed that of the insane patients at the State Hospital, which is about \$13.78 per month for each patient. But should it be twice that amount, the money is well and humanely expended, and there is no charity granted by the State that would be more worthy than the care and treatment of the unfortunate tuberculous poor of this State.

If this object is ever obtained it must come through the united efforts of the physicians of Kansas for they are the only ones who appreciate the necessities of such an institution.



In wounds of the hands it is often wise to wait several days before doing even necessary amputations. A moist antiseptic dressing gives surprising aid in bringing back to vitality apparently dead and useless tissue.—Inter. Journal of Surgery.



In suturing wounds of the face use a round cambric needle and do not draw the stitches too tight.

**Report of a Case of Appendicitis in an Infant 7 Months, of Age, with the Suggestion that the Difficulty of Diagnosis is Probably Accountable for the rarity of the Condition in Infants.**

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R. B. GIBB, M. D., Pittsburg, Kansas.

Read before the Crawford County Medical Society, February 1, 1909.

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The patient was the 6  $\frac{1}{2}$  months old daughter of Mr. and Mrs. H. of this city, and underwent an operation on the 27th day of July, 1908, for appendicitis. The infant was artificially fed and consequently had suffered from some form of gastro intestinal trouble, practically since birth. The cardinal symptoms found were vomiting, colicky pain and temperature, and at times it became absolutely necessary to administer some pain relieving menstun.

At the age of six weeks, in going back over the case, the little one had some acute gastro-intestinal trouble, manifesting symptoms of pain, vomiting etc; much difficulty was experienced in securing a bowel evacuation; frequent enemas with the usual medication, secured but little result. The trouble subsequently subsided, but seemed to be the beginning of the infants' disturbance which followed. Efforts were made at diet, all of the prepared foods, including barley water, rice water, albumen water, beef juices, and whey being given from time to time, with the usual routine medication, giving but little benefit.

As the case presented itself, to me, it seemed to be purely a condition induced by improper feeding-viz- the colicky baby. On the 24th., day of July, I was called to prescribe through the phone. Gave calalactose followed by oil, advised restricted diet and enemas. On the day following I investigated further and found the bowels had not moved, considerable vomiting, much colicky pain, temperature 103° per rectum, following a rigor. The entire abdomen apparently, very tender but impossible to localize pain.

The little one, after the onset had regular rigors, having from two, to five in twenty-four hours, temperature ranging from 101° to 105°. Succeeded in getting the bowels to move satisfactorily, withheld all food, gave quinine internally and thorough inunction as a therapeutic test. Was compelled to give an opiate at least every

two, to three hours, for pain. Secured much more relief from chlor-anodyne than from other pain relieving drugs.

Drs Moberg, Bogle, Sloane and Dr. Gale of Girard, saw the case with me, on the 25th inst. We partially narcotized the patient through the administration of about one fiftieth grain of morphia sulph., hypodermatically and were then able to palpate the abdomen thoroughly, and though narcotized, palpation in the region of the appendix manifested decided pain symptoms. A diagnosis of suppurative appendicitis was made, operative procedure decided upon as the most rational treatment.

The patient was removed to the Mt. Carmel Hospital, an anesthetic was administered and with the assistance of the consulting doctors on the case, the abdomen was opened. Palpation under the anesthetic did not reveal any localization. The gridiron incision was made at McBurney's point, the appendix palpated and removed. The ileum and caecum were found injected and considerably distended with gas. The serous coat of the appendix, engorged and thickened, considerable lymph free in the peritoneal cavity.

There was also a decided deformity of the appendix, a jack-knife angle, so to speak, apparently produced by adhesions and tractions from the meso-appendix; the wound was closed without drainage. There was about two minims of pus in the distal end of the appendix beyond the constriction produced by the traction from the meso-appendix.

The patient made an immediate recovery, not the least shock, and all symptoms subsided at once. A blood count would have been an advantage. A leucocytosis of 20,000, indicating suppuration. In summing up the case, my opinion is that the patient had a light attack of appendicitis when six months old, and either a chronic appendicitis, or trouble arising from the deformity until the acute attack prior to the operation.

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## EARLY INFANTILE MORTALITY.

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DR. M. R. MITCHELL, Professor Obstetrics, Kansas Medical College.

Read before the North East Kansas Medical Society, February 11, 1909.

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The branch of medicine which applies to early infantile life is of the greatest practical importance.

There is no phase of professional work or skill so exacting as the deserving and rightful care of those in the early primitive period of human existence. The physical structures are so tender, deli-

cate, and so sensitive. The vital forces are so helpless, susceptible to be effected by the perversion of the ordinary environments of this primitive period of development. There is no sadder consideration presented to the attention of the profession than the tremendous mortality attendant upon this early period of the life of our race.

In this paper I desire to refer more particularly to the death percentage which occurs during parturition, and the first days, weeks, or months following birth. Investigation makes it seem sadder still when we are compelled to conclude that a large percentage of this mortality could be prevented.

We do not desire here to enter upon a discussion of the subject of criminal abortion, so called, but may simply refer to the fact of the immensely growing custom of the prevention of fecundation, and more particularly to the great destruction of human life, brought about by the many procedures employed in destroying the product of conception.

This question is one that does, and should appeal most urgently to our common humanity. It has already become a vital question of national importance. It has for years been assuming a very serious aspect in the statistical records of some eastern countries. And even in our own country of boasted progress and higher civilization, there is perhaps no exception.

In the early history of the United States, Benjamin Franklin left one record statistical information to the effect, that there was an average of six children to a family. But recent records show an average of only about two children to a family.

But, in reference to infantile mortality, Rochard, a few years ago, declared that in France alone, 250,000 infants perished annually, and he also made the statement, that in his opinion 100,000 of these lives might have been saved.

Some statistics of New York represent that six per cent of live-births die in the first four weeks. M. A. Crockett, in the Medical News of August 3rd, 1895 quoting from Eross who formed estimates from sixteen large cities of Europe, showed that one out of every ten of children born alive died during the first four weeks of life.

Oesterlen stated, in his writings of 1874, that forty-two per cent of the deaths of children in the first year of life, occurred in the first month of life.

In the report of the Topeka city board of health for 1908 we find forty-nine infantile deaths occurring during the first year of life. During the second year nineteen; during the third, fourth



and fifth years inclusive, twenty-one. During the next five years, inclusive, nine deaths. This shows the total number of deaths of children during the first ten years of life to be ninety eight in Topeka, and exactly one-half of these deaths occurred in the first year of life. And this estimate is exclusive of the still-births, the latter class in 1908 in Topeka being twenty-four, which is about one-half as many as the whole number of deaths during the first twelve months of life. One undertaker in one month in 1907 in Topeka had eight still-births to bury. Ramsbotham in his work, estimated that about four per cent of births were still births.

We may refer also to the thousands and tens of thousands of lives lost during gestation by various causes, such as heredity, criminality, and other causes.

Edgar says that numerous observers reporting from ten large cities in various parts of the world, estimate that the premature births average about 17.50 per cent of the whole number of births. Some English vital statistics show that thirteen per cent of the mortality in the first year of life is due to prematurity. That meaning a condition either ahead of time, or, delayed development.

Truly, my fellows, an array of facts showing such a tremendous sacrifice of human life justifies some serious consideration and careful investigation as to the causes, and likewise as to the means of prevention.

In the first place, lack of intelligence, mental and physical conditions of the mother are to a great extent responsible.

The laity generally are ignorant as to the necessary demands made upon maternity, and the physiological changes which take place in the woman incident to the pregnant state, and just as unwise as to the necessary conditions determining the normal development of the fetus in utero, or of the new-born infant. And they often do not appreciate the needed care for this development and growth. The average citizen manifests more knowledge and concern in reference to the reproduction, health, and development of horses, cattle and hogs than of the human species.

It is within the province of the medical profession to inculcate among the laity the necessity of more intelligence in regard to the reproductive functions, and the more rational methods as to the nutrition, protection, and health of the woman during the ordeal of gestation, lying in period, and lactation. If this were more thoroughly done, there would be fewer still-births, a less number of puny live-births, congenital debility, and early deaths. Brothers made forty-seven post mortem examinations in cases of both still-

births and of those dying within a fort-night after birth, and found organic lesions in most of them sufficient to cause death.

The transmission of zymotic and exanthematous diseases from the mother to the fetus through the medium of the placenta is a frequent cause of fetal and infantile death. This cause is largely preventable by isolation and merited care of the pregnant woman.

On account of the pernicious influences such as alcoholism, narcotism, innutrition, overwork or underwork, and mental strain, which are sometimes brought to bear upon the child bearing woman, during the embryonic and fetal life, there is often produced the undersized weakling with a high degree of early mortality.

Also during this formative period, pathogenic influences are sometimes brought into action, producing malformations, and monstrosities, and such alterations and incomplete development, as are incompatible with survival, and thus predisposing to an early fatal issue.

It has been estimated by some authorities that eightyfive per cent of still-births are traceable to syphilis, which is attributable to a paternal or maternal source, and it may be said that this is largely amenable to treatment if it be timely and judiciously applied.

The lack of development, as early mortality in fetal and infantile life, may often be traceable to certain morbid mental types, tastes, and fanciful inclinations of the mother.

On general principles, it is essential that she, who assumes the attitude of motherhood should be healthy, strong, and well developed physically. And especially, that she be mentally full of human kindness, possessing a normal and appreciative inclination for maternity, that she possess an unbiased desire of nursing her own offspring, and have a sympathetic devotion to its welfare during intra-uterine and early infantile life. On the other hand, if a woman be aiming at dignifying her relation to humanity by entering into wifehood, and yet she imagines that it is undignified and unladylike to become a mother, or, if perchance, by a streak of bad luck, she should become enceinte, to her great grief and horror, then disaster may attend the offspring sooner or later. Or, if by and by, she should give birth to a child, in spite of frantic efforts, to the contrary notwithstanding she should now farm out her own offspring to the haphazard sympathies and care of some hireling, preferring rather to exercise her blighted affection in the daily caressing and fondling of some little canine. Here you have presented the etiological history which is quite occasionally responsible

for either the destruction of a primitive life, or for not a few deteriorated specimens of manhood and womanhood.

Proper professional attention is often wanting. If the average accoucheur would more thoroughly realize and assume, the responsibility of giving more personal attention to the apparently little things pertaining to the birth, nutrition, and early development of infantile life, there would undoubtedly be a much less per cent of mortality to record.

Cases of dystocia, attended by unskillful management, or a lack of management, is a fruitful source of still-births, and early deaths. It may be the unwise use of ergot, which can cause undue compression of the child, or of the cord, producing asphyxia.

The lack of timely artificial means, in correcting malpositions, and presentations, such as the face, brow, breech and transverse much too often occasion the destruction of the child's life. The same may be said of certain accidents which may occur, such as prolapsus of a hand, prolapsus of the cord, placenta praevia, or puerperal eclampsia.

The obstetric forceps is a life-saving instrument, both for mother and fetus, if appropriately and skillfully employed, but if inappropriately and unskillfully used, it may become an instrument of traumatism, such as fracture, laceration, cerebral hemorrhage, paralysis, idiocy, or death.

Mortality of the infant is occasionally due to neglect, ignorance, or indifference on the part of the attending physician, midwife, or nurse, in regard to the aseptic management of the cord and umbilicus, which is followed by fatal infection. This may occur at the same time of ligation and dressing of the cord, or subsequently during the sloughing and healing period.

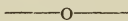
Many an infant has died from Bronchitis or Pneumonia, developed in a few hours or days after birth, on account of inhalation of fluids, or not being promptly protected from the sudden change of temperature to which it is exposed after its expulsion.

One of the common causes of early infantile mortality is that of malnutrition. More errors are committed in regard to the primary nutrition of the child than in any other respect. In consequence there will be observed the regurgitation of food due to the fact of being fed too often, with too large quantity, or with improper quality of material. And as a sequel there often may follow the fermentation, decomposition, flatulence, colic, vomiting, purging, gastroenteritis, meningitis, spasms and death.

Now my fellows of the profession let us realize more and more that ours is a sacred trust in the prevention and cure of disease, not

only at the noon-tide and evening-tide of life, but also at the very dawn of incipency of life.

Therefore in view of above facts, the question presses hard upon us; cannot more be done to avert the immense devastation in the very beginnings of life?

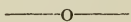


**The Treatment of Neurasthenia.**—Bing (Therapeutische Monatsheft) employs in the treatment of neurasthenia cannabis indica in combination with tonics, as in the following formulas:

R̄ Quinine sulphate, ..... gr. xv;  
 Arsenic trioxide, ..... gr. i. to gr. iss;  
 Extract of cannabis indica, ..... gr. vii.

Mix and divide into thirty pills.

R̄ Iron lactate;  
 Aqueous extract of cinchona, ..... aa ʒi;  
 Alcoholic extract of nux vomica, ..... gr. xv;  
 Extract of gentian, q.s. ft. pil. No. 100.



**Otitis In Mumps.**—G. W. Boot, Evanston, Ill. (Journal A. M. A., December 5), reports two cases of labyrinthine involvement in the course of mumps and analyses fifty-one cases reported in the literature. He does not find anything indicating especial etiology of the complication and thinks it is not due to an extension of the disease by pyogenic organisms. It seems to him more likely that it is due to some non-pyogenic germ, probably the streptococcus described by Bein, Michaelis and Busquet as the cause of the mumps, and that it reaches the labyrinth through the blood, causing inflammation that may reach any grade short of pus formation. The prognosis is bad. Some improvement in hearing may occur under early appropriate treatment. The vertigo often disappears, but in some cases may persist for years. The subjective noises tend to become less troublesome in time. The preventive treatment should consist in avoiding anything that might tend to cause metastasis, especially chills. Any general or local excitement should be avoided and elimination be promoted. Intoxications by food, drink or intestinal putrefaction should be guarded against and circulatory sedatives administered. Curative treatment should be directed to the absorption of the inflammatory products. Potassium iodid and pilocarpin are the remedies found most efficient. Other remedies to limit the amount of effusion and cause absorption may be employed, but inflation aural massage and anything that may cause congestion of the parts are contraindicated during the earlier stages. At other stages the disease is not responsive to treatment



# THE JOURNAL

## OF THE

# Kansas Medical Society.

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**JAMES W. MAY,** - - - - **EDITOR.**

**J. E. SAWTELL,** { **ASSOCIATE EDITORS** } **CHAS. S. HUFFMAN.**

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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**OFFICERS OF THE SOCIETY.**—C C. Goddard, Leavenworth, President; E. E. Liggett, Oswego, 1st Vice-President; G. W. Goss, Sedan, 2nd Vice-President; B. M. Barnett Rosedale, 3rd V-President; Charles S. Huffman, Columbus, Secretary, L. H. Munn, Topeka, Treasurer.

**COUNCILLORS.**—1st Dist., Chas. W. Reynolds, Holton; 2nd Dist., H. B. Caffey, Pittsburg; 3rd Dist., F. M. Daily, Beloit; 4th Dist., O. J. Furst, Peabody; 5th Dist., O. P. Davis, Topeka; 6th Dist., J. A. Dillon, Larned; 7th Dist., Preston Sterritt, Kansas City; 8th Dist., A. L. Cludas, Minneapolis.

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## EDITORIAL

“The reason why men who mind their own business succeed is because they have so little competition.”

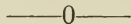
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In a recent communication from Dr. W. E. McVey of Topeka, he calls attention to the fact that this is the 50th anniversary of the organization of the State society. He also suggests that some features be added to the program to commemorate the event. The charter was granted by the Territorial Legislature Feb. 10th, 1859 and the meeting for organization was held the same day. It is certainly fitting that we celebrate the event and the program committee will probably make the arrangements, announcement of which will be made in the next issue.

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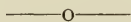
The power of discernment is a necessary adjunct to the doctors mental equipment and it is often the case that the least importance is ascribed to it. In a recent article by Dr. S. Woods Hutchinson, in a popular lay magazine he says that too little importance is placed upon the small symptoms. For instance, in describing the methods of the “old time” physician he praises his ability of being able to see the objective symptoms. The facial expression, gait, manner, etc., he obtained at first glance and they formed the largest

part of the diagnosis. Nowadays with all the apparatus, pathological, bacteriological, etc, we are apt to place too much reliance in these methods of diagnosis, and too little in the physical signs.



An act was passed by the legislature of the State of Kansas, which makes it the duty of every physician in the state, to report to the local health officers within twenty-four hours after it becomes his knowledge every case of tuberculosis. It also imposes the duty of notifying the health officer of the vacation of any premises by death or removal of a person having tuberculosis and said, health officer shall within twenty-four hours see that, the premises are disinfected.

Upon the conviction of a physician failing to make such report a fine of fifty dollars will be imposed. This is an important step in the right direction to prevent and stamp out tuberculosis.



**Vasectomy to restrict the Propagation of the criminal and the unfit.**—We give our fullest approval to the Indiana law, which provides for the performance of vasectomy on criminals and imbeciles. This operation in itself trivial and harmless, effectually prevents the male criminal from propagating his species. The law reads as follows:

“Whereas, Heredity plays a most important part in the transmission of crime, idiocy and imbecility.

“Therefore, be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this act it shall be compulsory for each and every institution in the State entrusted with the care of confirmed criminals, idiots, rapists and imbeciles to appoint upon its staff, in addition to the regular institutional physician, two skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of such institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of such committee of experts and the board of managers, procreation is inadvisable, and there is no probability of improvement of the condition of such inmate, it shall be lawful to perform such operation for the prevention of procreation as shall be deemed safest and most effective.”

Within the first year after the law went into effect 296 perfectly successful vasectomies were performed in the State Reformatory. Neither local nor general anesthesia was found necessary and the prisoners did not have to lose one hour's time from their work. It is well to bear in mind that this operation leaves the man in full

possession of his sexuality. He has the libido and orgasm, but it is sterile and can not impregnate any woman. Semen is secreted, but it of course cannot reach the ejaculatory duct and is reabsorbed. So far women have not been subjected to the operation of the law, though it is applicable to both sexes.—Critic and Guide.

The above is right in line with what Dr. J. E. Minney, advocated in an editorial in last month's issue of our Journal. It seems that the plan is working well in Indiana and a law should be passed by the Kansas law-makers along the same lines.

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## NEWS NOTES

The Kansas Medical College, Topeka, will hold its commencement exercises April 28th.

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Dr. J. N. McCormack addressed the Kansas Legislature Feb. 23, on matters pertaining to medical legislation.

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Drs. F. A. Eckdall, C. A. Neighbors and D. L. Morgan have been appointed by the Lyon County Medical Society as the Committee on Arrangements for the next state meeting.

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William T. Bull, M. D., the famous surgeon of New York, died at Wymberly, Isle of Hope, near Savannah, Ga., from cancer of the neck Feb. 22, at the age of 59. Dr. Bull was widely known on account of his skill as a surgeon and as a medical contributor.

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At a recent meeting of the Douglas County Medical Society, following officers were elected—President, Dr. E. J. Blair, Vice-President, Dr. G. M. Liston, Secretary, Dr. H. L. Chambers, Treasurer, Dr. James Naismith, Censors, Drs. G. A. Hammon, S. C. Emley and H. Reding. Delegate Dr. G. M. Liston, Alternate Dr. M. T. Sudler.

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**American Medical Association;**—Members of the Medical Society of the Missouri Valley and the Medical Association of the Southwest, will be interested in plans that are maturing for a joint excursion train to Atlantic City in June, to attend the annual meeting of the American Medical Association. The special train will start from St. Louis via the Big Four and C. & Q. railway, stopping over at Hot Springs, Va., where the delegates will be enteratined at the famous "Homestead." Special rates will be in effect, including a boat trip to New York City, and returning either via

Niagara Falls or Washington, D. C. By combining the forces of the two societies a special train will be secured, on which no one but doctors and their families will be permitted to ride, thus affording the maximum degree of pleasure and comfort. Members of other medical societies are cordially invited to join the party. If you are planning to go write Dr. Chas. Wood Fassett, of St. Joseph, Mo., who will give full particulars as to route, rates, etc.

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**International Medical Congress.**—Plans have been perfected for the American party to attend the International Medical Congress at Budapest next August. The arrangements for transportation are in the hands of Thomas Cook & Son, and this insures firstclass accommodations, and satisfaction in all details. Rooms have been reserved at the best hotel in Budapest, but it will be necessary for us to know approximately the number who will attend at an early date in order that the reservations may be augmented if necessary. A very low round trip rate will be announced, including all expenses, and the undersigned would be pleased to answer any inquiries in regard to the trip to the Congress, and will send program and itinerary to any who are interested. Communications in regard to transportation and hotel accommodations should be addressed to Dr. Chas. Wood Fassett, St. Joseph, Mo.

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The Rice County Medical Society elected the following officers for the coming year. President, Dr. M. Trueheart, Vice President, Dr. J. H. Powers, Sec-Treas. Dr. H. R. Ross, Delegate '09, '10 Dr. W. E. Currie. The Post graduate course of the A. M. A. for County Societies was adopted for the year, and it is expected that the work as outlined will be carried out. Post-graduate Clubs are being organized in different parts of the county to carry on the work.

The society unanimously adopted the following resolution: "Inasmuch as all our members do not carry cards in the county papers, we recommend that our members discontinue this practice."

A joint meeting with adjoining counties is to be arranged for at Sterling in May.

The Rice County Society is in a thriving and prosperous condition and expects a profitable year's work.

H. R. ROSS, Secretary.

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We have succeeded, after much work trying to get the Doctors together, in organizing a county Medical Society in Edwards county. A call was made for a meeting to be held at my office in Lewis, on January 21st. The doctors met pursuant to call, and effected



a permanent organization. Those present were Drs. Pearson, Stoltenberg and DeTar, of Kinsley; Drs. Haynes and Rairdon, of Lewis, and Dr. Borst, of Belpre. Officers were elected as follows: Pres., Dr. Haynes, Lewis; Vice-Pres., Dr. Pearson, Kinsley; Secy. Dr. Rairdon, Lewis; Treas., Dr. Stoltenberg, Kinsley; Delegate, Dr. DeTar, Kinsley; Board of Censors, Drs. Borst, Rairdon and Pearson. The society meets quarterly on the second Thursday Jan., April, July and October. A paper was read by Dr. Haynes on "Chloroform Anesthesia in Dental Surgery; Its Dangers, and Why." The paper was well received, and fully discussed by the members present. Adjourned to meet in Kingsley, on the second Thursday in April. C. W. RAIRDON, Secy.

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The Southeast District Medical Society will hold its next meeting at Parsons, Kansas, April 13th, 1909. Following is the program: J. S. Cummings, Bronson, Kas., Seminal Vesiculitis; R. A. Light, Chanute, Kas., Illegal Practitioner, and How to Eliminate Them; James W. May, Kansas City, Kas., Diagnosis of Cataract, Glaucoma and Foreign Bodies in the Eye; Edward B. Payne, A Report of the International Congress on Tuberculosis, Washington, D. C.; Elmer Liggett, Oswego, Kas., Tumors of the Female Breast; Dr. Casebeer, Independence, Kas., A paper on some subject pertaining to Ophthalmology; Dr. S. C. James, Kansas City, Mo., A Paper on some subject Pertaining to Internal Medicine; F. H. Martin, Iola, Kas., The Physicians' Duty Toward the Public and Himself. (A paper treating of the rights of the people and the medical fraternity, relative to quacks, religious and otherwise.) Clinical cases have been arranged for, and a banquet under the auspices of the Parsons Medical Society. L. D. JOHNSON, Secy.

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The Northeast Kansas Medical Society met in Hotel Throop, at Topeka, on Feb. 11. Called to order by President Goddard, at 1 P. M. New constitution and by-laws were adopted as per copy enclosed. The following officers for 1909 were elected; President, O. P. Davis, Topeka; Vice-President. J. W. May, Kansas City; Secretary-Treasurer, H. L. Chambers, Lawrence. Dr. Nesselrode, of Kansas City, read a paper on "Nontubercular infections of the Kidney;" Dr. Emley of Lawrence read a paper on "Early Diagnosis of Tuberculosis;" Dr. Reed of Holton read a paper on "The County Health Officer—his relation to the public and to the profession," and Dr. Simons, of Lawrence, read a paper on "Pneumonia, reporting six cases of Empyema." These were all papers of live interest and real merit. Society was then adjourned for dinner, which was given

by the Shawnee County Society. At the evening session Kansas City was chosen as the next meeting place. Dr. Wehe, of Topeka, read a paper on \_\_\_\_\_; Dr. Wever, of Kansas City, read a paper on Tonsillotomy and Tonsillectomy. Dr. M. R. Mitchell read a paper on Early Infantile Mortality.

The following constitution and by-laws were adopted:

Article I, Section 1. The name of this Society shall be the Northeast Kansas Medical Society.

Section 2. The territory of which it shall be composed shall comprise the counties of Marshall, Nemaha, Brown, Doniphan, Riley, Pottawotomie, Jackson, Atchison, Jefferson, Leavenworth, Wyandotte, Douglas, Johnson, Geary, Wabaunsee, Shawnee, Morris and Osage.

Article II, Section 1. Any practitioner of medicine residing in this territory and being eligible for membership in the county medical society of the county in which he resides, may become a member of this society.

Article III, Section 1. The elective officers of this society shall be President, Vice-President, and Secretary-Treasurer. They shall be elected by ballot, and shall serve for one year and until their successors are elected.

Section 2. The duties of these officers shall be such as usually pertain thereto. Also the Secretary-Treasurer shall arrange programs, collect dues, and pay bills on order of the Society.

Section 3. There shall be a nominating committee chosen by and from each of the county auxiliary societies, and one member at large chosen by and from the members who are not affiliated with a county auxiliary society and it shall be the duty of this nominating committee to present at the annual meeting a list of the nominees for the several elective offices.

Section 4. A board of three censors shall be appointed by the chair for each meeting and this board shall pass on applications for membership.

Article IV, Section 1. Amendments to this constitution may be made at any regular meeting by a two-thirds vote of the members present and voting, provided, notice of such amendment shall have been given in writing at a previous regular meeting of the society.

BY-LAWS—Article I, The order of business at the meetings of this society shall be as follows:

1. Calling the Society to order; 2. Reading of the minutes;
3. Reports of standing committees; 4. Reports of special committees; 5. Report of the Secretary-Treasurer; 6. Unfinished business; 7. New business; 8. Report of nominating committee.

9. Election of Officers; 10. Reading and discussion of papers; 11. Adjournment.

Article II—There shall be two regular meetings of the society every year—an annual meeting beginning on the second Thursday of February and a fall meeting beginning on the second Thursday of October. The place of meeting shall be selected by the society.

Article III—Applications for membership shall be made in the form prescribed by the county medical society and must be accompanied by one year's dues, namely 25 cents.

Article IV—Amendment to the by-laws of this Society may be made at any regular meeting of the Society by a two-thirds affirmative vote of the members present and voting.

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The Missouri Valley Medical Association will hold its next meeting at St. Joseph, Mo., March 18 and 19, 1909.

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The "Lodge."—To settle the estate of Dr. Sexton, his interest in this well-known institution will be sold at once. For particulars write Mrs. M. P. Sexton, Bonner Springs, Kansas.

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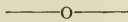
## CLINICAL NOTES

**Sterilization of the Skin with Tincture of Iodin.**—Dr. Grossick (Zentralblatt f. Chirurg. No. 44, 1908) has observed that fresh wounds if painted with tincture of iodine heal rapidly, and this has led him to utilize it for sterilizing the skin. In a series of operations comprising herniotomies, extirpations of glands, removal of the breast, laparotomies and amputations it rendered excellent service. The iodine is applied to the field of operation by means of a pledget of cotton held with the forceps, in the strength of 10 to 12 per cent., and this is repeated after the patient has been narcotized, and also on completion of the operation, after which a sterile dressing is applied.—American Journal of Surgery.

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**Eye Work for the General Practitioner.**—Weichelt discusses various eye symptoms that are not sufficiently appreciated by the general practitioner. Aside from local disease or from being a part of a general condition, swelling and puffiness of the lids tell us of anemia, cerebral thrombosis or renal edema; they are often diagnostic of measles, appear in variola and erysipelas, and are the warning indicator in the administration of arsenic and iodine. A sty may show eye strain, or digestive or genital disorders. Blepharitis may

lead us to suspect anemia or a catarrhal or strumous diathesis. Duskiness of the lids and under the eyes is seen in pregnancy, sexual abuse, certain menstrual disorders, fatigue, etc. Winking spasm occurs in chorea, hysteria, or tic douloureux. Lagophthalmos may be due to hysteria, facial paralysis or exophthalmic goitre. We look for oculomotor disturbances in meningitis, skull fracture, or intracranial hemorrhage. The pearly appearance of the sclerotic often points to phthisis, anemia, nephritis, or Addison's disease, while the significance of a yellow eyeball is familiar to all. Conjunctival congestion, not due to local disease, may be present, in typhus fever, meningitis, facial paralysis, neuralgia of the fifth nerve, and sometimes after full doses of potassium iodid. Subconjunctival hemorrhage appears in epilepsy, fracture of the base of the skull, Bright's disease and organic heart lesions. We have all looked for the "fishy" or puckered conjunctiva of approaching dissolution. The cornea gives us the arcus senilis of arteriosclerosis, gout, atheroma, chronic nephritis or syphilis. Iritis may help us to clear up a doubt in rheumatic affections. Pupillary symptoms are too well understood to be especially mentioned. Every general practitioner should know enough of the afflictions belonging to the domain of the ophthalmologist to realize when reference to a specialist is necessary. He should be able to use the ophthalmoscope well enough to detect anything abnormal in the fundus. Refraction is a part of ophthalmology on which the country doctor in particular might encroach. With some post-graduate study, he is infinitely better qualified to fit glasses than are clerks, druggists, and so-called doctors of optometry, who have usurped a part of the doctor's rights and privileges—and fees—with little or no study.—  
Journal A. M. A.



**Abdominal Tuberculosis.**—Abdominal tuberculosis is generally considered a disease that develops insidiously, but D. N. Eisendrath (Journal A. M. A., January 23), points out that the lesions caused by the tubercle bacillus often simulate acute forms of disease of the abdominal viscera. Mayo has called attention to such acute onset in tuberculosis of the Fallopian tubes and Eisendrath, in a previous article, has emphasized the fact that mixed gonococcus and tuberculous infection of the epididymis may be accompanied by very acute symptoms. The principal structures thus affected, however, are the appendix and the peritoneum. His attention was particularly called to these facts by an experience of a near relative who was taken suddenly ill while traveling in Switzerland and operated by Kocher of Berne, who diagnosed the case as one

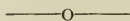


of tuberculous appendicitis, due to the ingestion of butter containing tubercle bacilli. Eisendrath emphasizes the importance of this source of infection; the cream is apt to be the most intensely infected portion of the milk, and affording no protection against the germicidal action of sunlight, it is an ideal culture medium for the bacillus. He reports several cases of acute tuberculous peritonitis of his own personal observation, and others from various sources in the literature, etc. To 51 cases of tuberculous appendicitis he can add 7, and of the total, 16 patients had symptoms resembling in every detail, acute appendicitis. His conclusions are the following: 1. A primary tuberculous appendicitis is not so rare an affection as was formerly thought. 2. Such an infection can be followed by secondary involvement of the ileocecal lymph nodes, which is out of all proportion to the pathologic changes in the case. 3. In the majority of cases there are evidences of tuberculous foci in the appendix, but secondary lymph caseous nodes may be found without visible macroscopic or microscopic tuberculous changes. 4. Butter, cheese and milk from tuberculous cows are the chief sources of infection in primary intestinal tuberculosis. 5. In a fair proportion (27 per cent.) of the 59 published cases of tuberculous appendicitis the clinical picture resembled that of an acute non-tuberculous appendicitis. No statistics are available to estimate the proportion of cases of tuberculous peritonitis which begin acutely, but the number is larger than is usually thought. 6. Through early diagnosis and radical removal of the tuberculous appendix and infected lymph nodes (so far as practicable) complete and permanent recovery can occur. Some of the cases of ileocecal tuberculosis and of tuberculous peritonitis may thus be avoided through removal of the probable starting point.

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**Typhoid Perforation**—A. J. Brown, Rome, N. Y. (*Journal A. M. A.*, February 27), calls attention to two new signs which seem to him to be important in the early diagnosis of typhoid perforation. These are what he calls the “dipping crackle” and the tendency of the pain and tenderness to approach the side that is lowermost when the patient is turned on the side. Both of these signs are illustrated by cases. The “dipping crackle” sign is heard on placing the bell of the stethoscope over the right iliac fossa and dipping suddenly with it as in dipping palpation. A very fine crackle was then heard which sounded much like a fine crepitant rale, or as if two sticky surfaces were being drawn apart. This was present in three of his seven cases, and appears to him to be a rather valuable confirmatory sign, as it seems to be due to the fact that in dipping

suddenly the parietal and visceral layers of the peritoneum come in contact for an instant, and apparently the inflamed surfaces stick together for a moment and then pull apart. He has never found the sign present over an area of more than two inches in diameter, and never later than four hours after the initial symptom, presumably because the accumulated gas prevents the surfaces from coming in contact. The second sign is due to the gravitation of the extruded contents of the intestine. On the occurrence of a sudden, sharp pain in the lower part of the abdomen, and especially in the right iliac fossa, accompanied by tenderness, with or without rigidity, the abdomen should be carefully examined and the area of the tenderness mapped out. The patient should then be turned on the unaffected side, and if, in fifteen minutes to half an hour, the tenderness has moved one or two inches, or if, at any time, the tenderness and rigidity become marked, immediate operation is indicated.



## BOOK REVIEW.

**Arterio sclerosis; Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment**, by Louis M. Warfield, A. B., M. D. Instructor in Medicine, Washington University Medical Department, with an introduction by W. S. Thayer, Professor of Clinical Medicine, John Hopkins University. Cloth. 12 mo. Pages, 165 plus the index; eight illustrations. St. Louis, 1908, C. V. Mosby Book and Publishing Co.

Arterio-sclerosis has come to be thought of as one of the pathological conditions due to the modern methods of living. Its importance, therefore, has been the more appreciated within the last decade. Whether or not its importance has been overestimated is a question open to discussion. However, the natural results of such an estimation of its importance has been the production of monographs of the type of the one lying before us. Another one of similar character is Bishop's "Blood Pressure." All these monographs have in common the erecting into an independent work the material which would ordinarily form merely one subject in some system of medicine. Whether or not this extensive writing of monographs is really worth while, we are not prepared to state, but there is no doubt that the calling of the attention of physicians to arterial disease has been of considerable importance, and that the medical profession is better for having paid more attention to this matter.

Dr. Warfield's discussion of arteriosclerosis leads one to believe that after all the most important part of an individual's equipment is heredity; that his success in life, as well as his enjoyment of it, will depend largely on what sort of tubing his parents have given

him for his arteries. The best consolation that Dr. Warfield offers for one given only a poor quality of tubing (and this class probably constitutes more than half of humanity) is that he walk gently and sits humbly before the Lord all the days of his life.

In his discussion of diagnosis, the author gives several good suggestions with regard to the study of the pulse, blood pressure, and especially of the retinal changes in background of the eyes.

On page 56 the following quotation gives the earliest symptoms of arterio-sclerosis—symptoms, which by the way, may be due entirely to psychic conditions:

“The patient may tire more readily than he should for a given amount of mental or bodily exercise; he is weary and depressed, and occasionally there is noted an unusual intolerance of alcohol or tobacco. Vertigo is common, especially on rising in the morning or in suddenly changing from a sitting to a standing position. There may be a dull headache that the accurate fitting of glasses does not alleviate. Unusual irritability or somnolency with a disinclination to commence a new task may be present. Sometimes the effort of concentrating the attention is sufficient to increase the headache. This has been called ‘the sign of the painful thought.’ Numbness and tingling in the hands, feet, arms, or legs, are also complained of, and neuralgias, not following the course of the nerves but of the arteries, also occur. It is important to remember that the train of symptoms resembling neurasthenia in a person over forty-five years old may be incipient arteriosclerosis. This tardy neurasthenia frequently accompanies cancer, tuberculosis, diabetes and incipient general paralysis, as well as incipient arteriosclerosis.”

On page 65 he makes the following suggestions:

“Several curious and interesting diseases which have been thought by some to have arteriosclerosis as a basis are accompanied by pain. Such are erythromelalgia, Raynaud’s disease, dead fingers, and intermittent claudication.”

On page 66 he summarizes the symptoms of well-developed arteriosclerosis, as follows:

“Well developed arteriosclerosis shows four pathognomonic signs: (1) Hypertrophy of the heart, (2) Accentuation of the aortic second sound, and (3) Palpable thickening of the arteries, and (4), Heightened blood pressure. However, it must not be inferred that these signs must be present in order to diagnose arteriosclerosis. It has already been said that a very marked degree of thickening with even calcification of the palpable arteries may occur with absolutely no increase of blood pressure, and at autopsy a small flabby heart may be found.”

In the treatment, the author still clings to the use of the nitrites, in spite of the growing feeling that they are more or less useless for anything except in emergency treatment.

Dr. Thayer’s introduction is peculiar in that it contains diction that one would hardly expect to find outside of an eighteenth century classic. For instance, he speaks of “Subtile influence” and uses ’tis for it is. Again, we find this: “All this has too often its repercussion on the physician.”

On page 16 he transliterates the word “constatation” from the German. We doubt very much whether the book will prove a great addition to the literature of the profession.—Hoxie.

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## OPERATIVE DISPLACEMENT OF THE BLADDER IN THE TREATMENT OF EXTENSIVE CYSTOCELE.

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Successful surgery comprehends in addition to asepsis and thorough anatomical knowledge, a knowledge and application of the principles of mechanics and philosophy. Without this, the most skillful surgeon, the most painstaking technique must fail in accomplishing results that are gratifying to the patient and operator alike.

At the present day, nearly all operations that have become more or less routine in their employment are admittedly based on some sound mechanical principle destined to alter or modify anatomical conditions in such a manner as to conform with natural laws of gravity and pressure in the correction of abnormal conditions.

A thorough comprehension of the forces and conditions operative in the production of a given abnormal condition as well as those that may be later exerted to impair or destroy the beneficial effect of an operation, is imperatively demanded.

At the present day there is no condition that offers a more diversified technique nor one in which these cardinal principles are more often lost sight of than that of protrusions of the anterior vaginal wall known as cystocele. While cystocele is rarely encountered as an entity in itself demanding operative measures, but is usually, if not always associated with other pelvic lesions that have preceded its development, a brief review of its etiology may not be considered superfluous, and in considering the etiological factors concerned in the production of this condition, both predisposing



and exciting, the absolute necessity of utilizing all natural factors to reinforce the operative measure employed, is impressed upon the operator.

The conditions predisposing to the occurrence of cystocele have been thoroughly considered by innumerable writers, some emphasizing one and some another factor as the most potent in its production.

It may be contended that no one factor can be held responsible for its occurrence but that a combination of several usually contribute to its formation, and in considering the mechanism of its production it is well to bear in mind that the condition is the result and outward manifestation of preceding abnormal conditions and may in no sense be regarded as a primary condition.

Those conditions that clearly predispose may be regarded as:

First: and most important: abnormalities of structure and position of the uterine body

- (a) Retroversion, retroposition, prolapse.
- (b) Lack of tonicity of the uterine supports.
- (c) Lacerations of the cervix, resulting in mild inflammatory conditions (endometritis-metritis).
- (d) Neoplastic growths.

Second: Abnormalities of the vagina.

- (a) Loose flabby conditions of the vesico vaginal septum.
- (b) Excessive vascularization.
- (c) Capacious vagina.
- (d) Large introitus.
- (e) Congenital underdevelopment or partial or complete destruction of the perineal body.

Third: Natural tendency toward relaxation and pouching in the aged.

In considering the actual exciting causes the list is much smaller and may be designated as: violent expulsive efforts, parturition, urination, defecation, extreme physical effort. In short, conditions that tend to increase intra abdominal pressure.

The generally accepted theory of the method of production of cystocele may be gathered by quoting from Dudley (*Principles and Practice of Gynecology*, p. 531), whose views seem to coincide with those of most authorities. He says, "The downward force of straining at stool to empty the bladder and rectum increases the prolapse of the vaginal wall, which, being attached to the uterus, drags that viscus together with its appendages and the rest of the pelvic floor to a lower level and thereby gives rise by traction to various displacements of the reproductive organs."

So far from coinciding with these views, I believe it can be clearly demonstrated that the active forces in the production of this condition, are,

First: Descent with alteration in the direction of the uterine axis (retroversion of greater or less degree.)

Second. Intra abdominal pressure, the maximum force of which is exerted on the uterine fundus forcing this organ into the vaginal canal, which being merely a distensible tube anchored in the pelvis by connective tissue trabeculae and deriving its chief support from its suspension to the adnexa, is forced downward by the impingement of the uterine body which is made more or less steady by the normal intra abdominal pressure, augmented by any strain or pressure that increases it.

Third. That the rectum and bladder are relatively passive in its production and are contributory factors only in so far as they influence the direction of the uterine body.

Fourth. That the method of its production is not by "dragging" upon the pelvic contents by the distended rectum or bladder but by direct forces exerted from behind, pushing the pelvic contents downward, they, according to physical laws, yielding in the line of least resistance.

Thus the first step toward the formation of cystocele may be regarded as descent, and the second, retroversion of the uterus or vice versa, according to the theories of different gynecologists, some claiming that one, and some the other condition must be initial.

It may be justly contended that the uterus is the principal factor in the maintenance of the proper relations of the bladder and vaginal walls.

As long as the uterine body is in its normal position of anteversion, the intra abdominal pressure acting upon the fundus as a lever with the utero sacral ligaments as a fulcrum, tend to keep the anterior vaginal wall tense from its cervicovaginal junction outward.

As the depth of the vagina and length of the anterior vaginal wall vary somewhat in different subjects, it is impossible to secure measurements that are more than approximately correct, but a careful comparison of measurements from the meatus urinarius to the cervico vaginal junction will demonstrate little or no variations in those exhibiting moderate cystocele and those who do not, thus demonstrating that the bulging is not the result of stretching of the anterior vaginal wall but merely an extrusion of the vaginal tube as a whole.

On the other hand, it will be observed that in cases exhibiting

cystocele the cervix will be found nearer the symphysis than in those who do not present this condition. By firmly grasping the cervix with volsella and carrying the uterus backward and upward to its proper position the cystocele is made to dissappear, which proves the importance of this organ in governing the position of the bladder.

From a consideration of the etiology and mechanics of these conditions, it may be readily observed that they are in a general sense associated, and that the occurrence of cystocele without some degree of prolapse, if possible, is extremely unusual, and that measures undertaken to cure the cystocele must, to be efficient, arrest further uterine prolapse.

No plastic operation yet devised is capable of meeting this condition. Persistence of the vaginal rugæ even in cases of marked cystocele and rectocele are in themselves sufficient evidence that the walls are not under tension. In cases of slight or moderate cystocele the rugæ are even accentuated and it is usually only after a portion of the uterus become extruded that they become shallower or disappear.

Tissue excision and fascial interposition, an operation recently (Gilliam Jour. A. M. A., Dec. 14-07) advocated, is not likely to meet with much favor. The excision of an elliptical area of skin and imbrication of the underlying fascia as a means of curing an inguinal hernia, would not have many advocates at the present day because it has been demonstrated that in order to cure a hernia, the cause, i. e., the defect in the abdominal wall must be corrected. Cystocele while not a hernia in the strictest sense of the term, fulfills many of its requirements, therefore the principle of its treatment must be similar.

These preliminary observations are made in order to especially emphasize the necessity of a careful consideration of these etiological factors in the surgical treatment of this condition, and to point out the fallacies manifested in some of the more recent operations described in our leading journals. The early irrational methods of treating this condition by excision of portions of the anterior vaginal wall are rapidly becoming obsolete, but occasionally one encounters an elaborate article exploiting some new method or modification that has for its basis the old theory of tissue excision. The early originators and exploiters of these operations were by no means slow in recognizing their inefficiency in the permanent relief of this condition nor the unpleasant sequellæ that frequently followed them and the later writings of Stoltz, Noergrath, Skeene, Scanzoni and other early operators exhibited more or less skepti-

cism relative to the permanency of the results obtained by them and candidly admitted their dissatisfaction with the results they had attained. Later, combined operations in which perineal and cervical repair with excision of a portion of the anterior vaginal wall were employed upon the theory that correction of the cystocele by restoration of the perineal body and narrowing of the introitus vaginæ would prevent a recurrence of the protrusion. This measure, while affording decidedly better results from a symptomatic standpoint, was yet far from satisfactory, as seemingly unexplainable recurrences would often be observed.

After the technique of uterine fixation and later, uterine suspension was elaborated, it was observed that the correction of the retroversion and prolapse by this method frequently resulted in the cure of the cystocele, and in those of moderate degree in which recurrence took place it was usually found that the adhesions had stretched to a degree that again permitted a certain amount of prolapse. It was not until the idea of displacement of the bladder and the interposition of the uterine body between it and the anterior vaginal wall was conceived, that truly satisfactory results were obtained from surgical treatment.

The success attendant upon this method is due more to the application of a correct mechanical principle than to the actual interposition of the uterine body and the fact that the uterus is firmly fixed in a position that prevents farther prolapse and in such a manner that the posterior uterine ligaments are utilized in maintaining the proper tension of the anterior vaginal wall conforms to all natural physical requirements and insures the success of this method, the technique of which has been so concisely set forth by Watkins (*Surg. Gyn. & Obst.* Vol. 2, p. 659). *Illust. Fig. 1*

More recently Noble (*Jour. A. M. A.*, Dec. 14-07) presented a technique in which the anterior vaginal wall was incised, the bladder partially dissected up and the anterior vaginal wall shortened by its suture to the supra vaginal cervix. *Illustration 2.* A comparison of the probable effect of the two operations may be made by the following table:

WATKINS.	NOBLE.
<b>Uterus—</b> Anteverted. Cervix displaced backward, tending to draw the anterior vaginal wall tense.	Tendency to backward displacement by traction on the cervix by anterior vaginal wall that has been placed under tension, and by artificial elongation of the cervix.
<b>Farther descent.—</b> Made impossible, by position of the uterus.	Favored by traction and position of the uterus. All degrees, even to complete prolapse, being possible.



**Recurrence.**—

Interposition of the uterine body makes recurrence of cystocele impossible.

**Effect of distension and weight of full bladder.**—

To hold uterus more firmly in position.

**Influence on symptoms of prolapse usually accompanying cystocele.**

To relieve by fixation of the uterine body in such position that farther prolapse is impossible.

Nothing interposed, making relapse not only possible, but probable, by a farther prolapse of the uterus.

Bladder rides high. Tendency by both weight and distension to aid in retroversion and prolapse.

Likely to ultimately augment symptoms of prolapse.

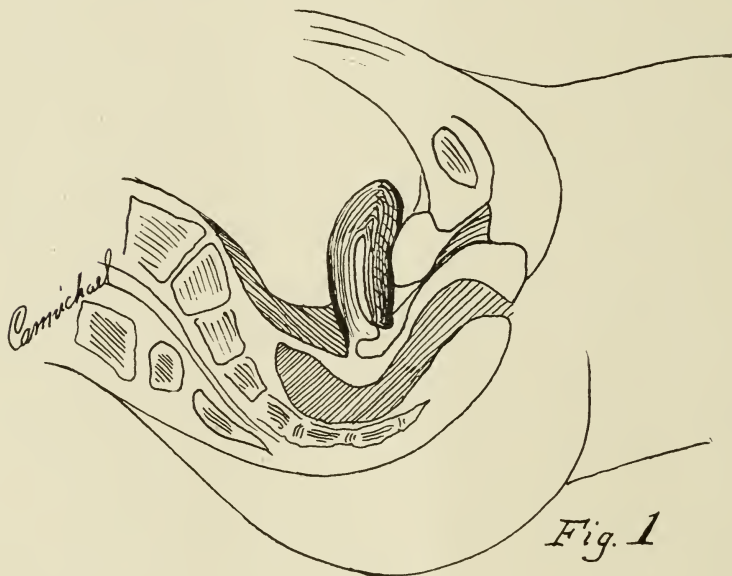
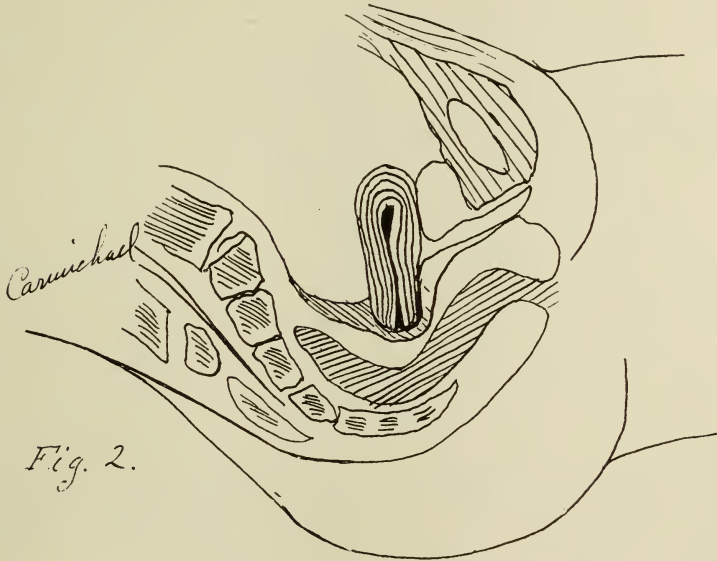


Fig. 1.—Showing uterus in normal position. Note acute angle of uterine and vaginal canals and apparent impossibility of prolapse so long as the utero sacral ligaments are unimpaired.

The importance of these ligaments in relation to their influence on prolapse and the formation of cystocele has not received sufficient attention. So long as they are unimpaired, their tendency is to maintain a normal anteversion of the uterus by retracting the cervix toward the hollow of the sacrum. These are the first ligaments to become impaired in the process of prolapse and they undergo a comparatively greater degree of stretching throughout the process of prolapse than the other uterine ligaments. They also give the first symptomatic indication of beginning prolapse. The steady dull sacral backache so frequently complained of among women, may

in nearly all cases, be attributed to stretching and tension of those ligaments.

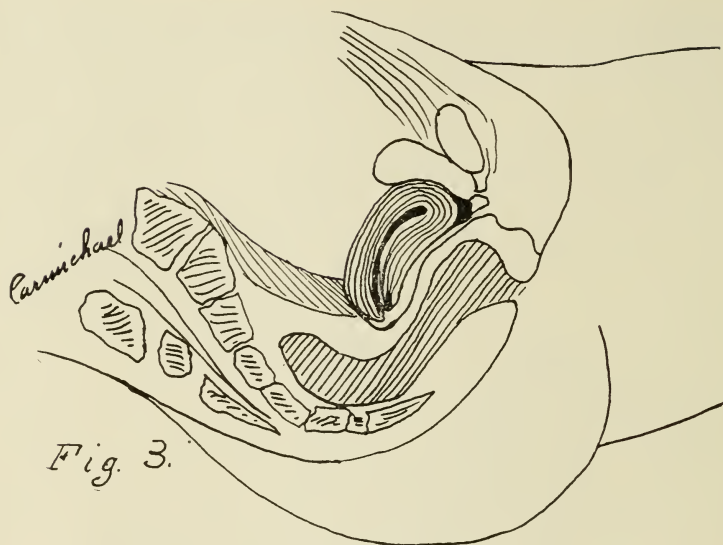
Fig.2.—Nobles operation for shortening the anterior vaginal wall.



The pernicious effect of fixation of the anterior vaginal wall to the anterior portion of the supravaginal cervix, with its unavoidable tendency to bring the axis of the uterine body into alignment with the vaginal tube thus favoring farther prolapse of that organ and coincidentally farther extrusion of the walls of the vagina is clearly patent.

This operation may temporarily relieve the condition of cystocele, but at the same time, contributes absolutely nothing toward the correction of the most active contributing factor, i. e., prolapse, but rather augments it by permanently anchoring the cervix in an anterior position and making a permanent invagination of the cervix, that is, by attaching a portion of the anterior vaginal wall to a point higher up on the uterine wall than the normal attachment. reduplication of the cervico-vaginal fold and (apparent) elongation of the cervix is established.

Fig. 3.—Illustrating Watkins' method of complete operative displacement of the bladder in the treatment of pronounced cystocele. Note that the bladder rests on the posterior uterine wall, that the fundus is anchored securely under the urethral opening, that recurrence of the cystocele, is impossible, and that the effect



of intra-abdominal tension, straining, or the weight of the distended bladder cannot alter the relations. Note also the favorable effect on moderate rectocele by anterior rotation of the uterus tending to retract the posterior vaginal wall.-

The modification of this operation to meet the requirements of the childbearing period, are discussed by Watkins. As by far the greater majority of these conditions obtain near or subsequent to the menopause, modifications are seldom necessary. When occurring within the child bearing period, the operator may resort to sterilization of the patient by excision of a portion of the isthmic constriction of the tube with seroserosal suture of the divided ends, or may allow the fundus to remain free in the pelvic cavity. This last, however, may hardly be admitted as a modification as the principle involved in the one is not adhered to in the other.

Conclusions, then, based on the operative experience of others, would lead us to accept the following as facts:

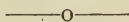
Cystocele must be regarded as a secondary process, dependent upon and following a certain amount of uterine prolapse.

Measures undertaken for its correction must include a correction of the casual factor, i. e., the prolapse, as it has been demonstrated beyond chance of controversy that the correction of procidentia and prolapse in nearly all cases, results in relief of the bladder irritation and loss of urinary control so characteristic of this condition.

In selecting an operation, the one that will best accomplish these results with the least risk to the patient, the least operative trauma and the hope of the most permanent results is naturally the operation of choice.

The advantage offered by Watkins technique is that it accomplishes the result by a shorter and safer route than any method at our command at the present time. The work is practically extra peritoneal, the most favorable conditions for drainage are present should infection occur, there are no unsightly scars to stretch, and there is absolutely no possibility of recurrence.

Contrary to Watkins view, I do not believe that perineal repair is indicated in these cases except where the relaxation is extreme, as cosmetic results in a majority of these cases may be ignored and repair of the perineum is not essential to the success of the operation, adds but slightly to the after comfort of the patient, and whatever good results might be expected from plastic work are more than out weighed by the increased time consumed in operating and the prolongation of the anesthetic period, which, in this class of patients, most of them multiparous, many of them obese in whom the cardiac, renal or pulmonary functions are more or less impaired, is to be avoided.



## EARLY DIAGNOSIS OF TUBERCULOSIS.

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Read at the North-East Kansas Medical Society, Feb. 11, 1909.

On account of the increased chances for cure when a diagnosis of tuberculosis is made early the importance of such early recognition can scarcely be overestimated. In the beginning, I wish to say that as usual when something new is discovered many virtues are attributed to it which it does not possess. Such is the case with tuberculin, in the diagnosis of tuberculosis; tuberculins are a means and not the whole or the most important of the methods at our command.

Many cases would be recognized early if the ordinary means were employed as a routine method and a thorough examination made. An inspection of the skin will often show the dull, pimply surface with minute dirty points at every hair follicle where the sebaceous glands are clogged. One may also note the depressions about the clavicles and whether the chest has any depth or not. On auscultation a prolonged expiratory murmur, a pleuritic rub with bronchial breathing are very significant if found continuously pre-



sent for a month or two. Wolff-Eissner, one of the foremost advocates of the tuberculin treatment, speaks of percussion as the most valuable clinical means of diagnosis. Too often it is used perfunctorily as a matter of routine, and one side is used as a comparison for the other which is apt to lead to error. For example if both supraclavicular regions are dull and the difference is indistinct both may be diseased and still be overlooked. Again if there is a perceptible difference the dullness where it is greater may be noticed and the other less diseased side neglected altogether. Percussion should be begun at a point where the lung is not apt to be involved as the spatium infrascapulare or the sub-axillary region and compare with the suspected portion of the same lung. Then the different percussion sounds are often better brought out by varying the stroke and comparing the tympany. Frick believes that the apices of the lung along the posterior pleural border are most frequently involved at the beginning and that we should look for early signs at that place. And the supraclavicular region in front when percussed during inspiration and then during expiration gives one an estimate of the absence or extent of the excursion at the apices and what differences, if any, between the expansion of the right and left apices. Even if one cannot make sure of a positive impairment of excursion resonance, ralls or bronchial breathing, the absence of the normal physical signs is strong presumptive evidence.

Many think that an examination of the sputum is a positive method of diagnosis. Here is another single means that has been overestimated in that the bacilli do not always appear in the sputum early and only toward the end in many of the acute miliary cases. Of course if the bacilli are found by a competent observer that settles it. But when the sputum shows many organisms the disease is often past the early stage. When there is a hypersecretion of mucus with many mono-nuclear bacilli, staphylococci, leucocytes and streptococci, look out for the appearance of the tubercle bacilli in a short time. The writer has recently learned of a new method of examining for tubercle bacilli when they were not demonstrable by ordinary methods. The method is as follows; add 15% of antiformin to the sputum, shake it up and then let it stand for nearly an hour and then examine the sediment which is left after the antiformin has cut the mucus; or pour off the supernatant fluid wash with sterile water and centrifuge two or three times and then examine the sediment, or if one still fails to find the bacilli after the digestion of the mucus by antiformin he may add a few drops of ammonium hydroxid, shake and then add a saturated solution of

ammonium alum until a cloudy precipitate results. If this is now centrifuged the precipitate will carry down any tubercle bacilli which may be present, which are not dissolved by the antiformin and are not even killed while all other ordinary bacteria are dissolved with the mucus. This method gives a microscopical means of diagnosis in the early stages when so few organisms may be present as not to be found by ordinary methods. A little albumen should be added to the slide to keep the material from washing off during the staining process.

To sum up the early signs of tuberculosis which may be found by any qualified man, we have a prolonged expiratory murmur with bronchial breathing, a difference in resonance on light percussion over different parts of the same lung, an unhealthy appearance of the skin which I have noted. There may also be a disturbed appetite, deranged digestion, pulse a little high all the time with a little temperature in the morning or evening, a slight but progressive loss of weight, a hypersensitiveness of the nervous system, a slight dilatation of the pupils, a feeling of weakness or lassitude. Lassitude however, being as often a symptom of laziness as of early tuberculosis.

Turning now to the tuberculin reactions, I wish to repeat that they are no better for diagnosis than percussion or auscultation or many of the other old and well known means at our command. However there is no question that the tuberculins have added to our resources a valuable aid in the early recognition of the disease whether it be in the lungs or in any tissue.

The subcutaneous injection of the old tuberculin has been given up because it not only caused too great systemic disturbances but because it often hastened the end by breaking down what little resistance remained in the patient. Then too it shows not only the active process but the latent and healed condition and the reactions are the same for all, except in degree.

The ocular or ophthalmic reaction was discovered about two years ago by Wolff-Eissner and a month later by Calmette. The solutions were at first too strong and were applied regardless of the condition of the patient or the eye. A 1% solution when used in definite cases of tuberculosis of the lungs always produced too severe a conjunctivitis and sometimes ulcerations of the cornea have been produced. It has been said many times that tuberculin in the eye has produced blindness but I have not been able to find such an accident authenticated. In eyes already inflamed it will augment the condition whatever the cause may be, but in no case has it ever more than merely aggravated the trouble. At the present

time one drop of a  $\frac{1}{2}\%$  in normal salt solution or a tablet of sodium bicarbonate containing a definite amount of the dead tubercle bacilli bodies is being used and with no ill effects whatever when one is careful to use it only in sound eyes. A positive reaction is shown by itching, burning, smarting and redness in greater or less degree in the course of 48 hours. It may occur in four or five hours. The reaction is absent in moribund cases, in those that are very cachectic, or healed or latent cases and in only about one fourth of the tuberculous meningitis cases. Most investigators agree that if there is a  $\frac{1}{2}\%$  positive reaction there is an active tuberculosis present. In over 6000 cases of clinical tuberculosis, Calmette found a positive reaction in 92 %. Other men have found a slightly lower %. In testing apparently healthy persons, Malmstrom, Calmette and Wolf have found about 15 % who gave a positive reaction but 90% of these were found to have lesions at the autopsy. From these data it appears that it has almost as great a positive value as the Widal test for typhoid and that its negative error is only about 5% except in the conditions noted above. Probably its failure to react in the miliary and hypertoxic cases is due to the absence of antibodies. At Ashville, N. C., where it was tried on 23 cured cases it also failed to cause a reaction in anyone. Again at the same place it was found that a few clinical cases that failed to react before tuberculin treatment would react afterward.

As to whether the test should be repeated by instillation in the other eye, there is considerable clash of authorities. All agree that if repeated it should be done by the fourth day or after the twenty-fifth. Because between these days there is a period of anaphylaxis or hypersensitization when reaction will occur in the absence of any tuberculous lesion whatever. But if instillations are repeated every three or four days continuously hypersensitization does not take place and the reaction does not occur. No matter how many tests are made. On the other hand Wolff-Eissner believe that repeated instillations should be avoided and Baldwin of Saranac Lake, says that they are not only misleading but dangerous.

Wolff-Eissner and Meissen believe that the ophthalmic test also has some prognostic value according to its degree and duration. If it disappears in one day the chances for recovery are bad, if it lasts from six to twenty days there is active resistance and healing taking place, while if it lasts about four days the patient is just about holding his own. In other words that the reaction gives an indication of the degree of resistance which the body is developing against the intoxication. Baldwin after several hundreds tests says that

this is wrong, that the reaction has no bearing whatever on the prognosis.

On the other hand Baldwin with Arloing and others believe we have a good agent in the agglutination test for a gage of the defensive reaction. There is no question but that all reactions except the serum test are decreased by the specific medication. If the tuberculins are given in proper medical doses the agglutinating power of the serum is always found to be increased and it is more accurate and less difficult as to technique than the determination of the opsonic index. At present the serum is diluted ten times and with this strength the bacilli agglutinate in one hour if the patient is tuberculous and has some resistance to the disease. The reaction is similar to the Gruber-Widal test for typhoid, in all respects.

Soon after the ophthalmic reaction was exploited and while it was being used properly and causing trouble, Von Pirquet brought forward the idea of a cutaneous reaction which he claimed to be absolutely harmless and much more delicate and positive than the ocular reaction. A 1% of a filtrate is applied to the skin which has been prepared as for vaccination against smallpox. Other solutions in different suspensions have been used since this was first heralded, some have used a bullion filtrate some a suspension of the bacilli in normal salt solution but all have applied it to the sterilized and scarified skin. If in the course of 48 hours a small papule or vesicle appears at the site of inoculation surrounded by an inflammatory zone one or two cm. wide the test is regarded as positive. Just as the ocular test it fails in fatal and moribund cases, but while the ocular test shows only active tuberculous lesions as a rule the cutaneous method has been found to react when the tuberculous lesion is latent, healed or calcareous and on this account is regarded as of less value clinically than the ophthalmic reaction. However since it has never caused any systemic reaction and very little pain at the seat of vaccination it is a valuable means of determining the prevalence of tuberculosis pathologically and it is the most valuable test we have that is safe when there is no reaction. On account of its delicacy if it gives a negative reaction the chances for tuberculosis being present in doubtful cases is very small indeed.

Detre has recently carried Von Pirquet's idea a little farther by vaccination with a filtrate of human tuberculosis, a filtrate of bovine tuberculosis and a check vaccine of plain bullion. He distinguishes two reactions, a dominant and a concomitant. The dominant indicating the kind of infection and concomitant indicating a slight reaction to the strain of tubercle bacilli not present. For



instance, if a person has human tuberculosis there will be a reaction at the point of inoculation with the human tuberculous filtrate but only a very slight reaction at the points where the plain filtrate and the bovine filtrate were inoculated. By increasing the strength of the bovine filtrate the patient may react but the dominant filtrate will produce a reaction when only one, one-hundredth million times as strong as the concomitant one. For diagnostic purposes he uses a 1 % solution and he finds that he can distinguish whether a person is suffering from the human or the bovine type of infection. In 90 % of the pulmonary cases which he has tested he finds that the human type of bacilli prevails while in surgical and visceral tuberculosis he finds a strong argument in favor of milk infection in children nearly one-half to be due to the bovine type of bacilli. Detre's test is equally delicate with Von Pirquet's and is also free from the danger of the subcutaneous tests. It has the over delicacy of the cutaneous tests from a clinical standpoint especially in persons over fifteen years of age most of whom will react to the cutaneous test whether they have active tuberculosis or not. Again it will not react in fatal or acute miliary cases or in persons who have been rendered immune.

Lately and following Von Pirquet's idea again, a 1 % ointment has been put on the market and is being made at the University Laboratories in Rosedale (for experimental purposes) consisting of the bacillary bodies in anhydrous lanolin. This is said to be an improvement over the other cutaneous test in that the skin need not be scarified. Instead the skin is merely cleansed with soap and alcohol, the ointment is rubbed in thoroughly and covered with oiled paper or silk. The reaction is the same as Von Pirquet's. Reapplication of the ointment will produce a reaction due to the hypersensitization or condition of anaphylaxis caused by the first application. This anaphylaxis is produced even when continuous application are made according to some investigators while others say that it occurs only when one application is made and then repeated some time between the 5 and 25 days. That is that the hypersensitization appears in about 5 days and lasts about 3 weeks.

The X ray is another means which has recently been exploited as useful in making an early diagnosis. It is claimed that in tuberculosis the apices do not clear on inhalation, that the cavities appear clear and the infiltration areas dark and that infiltrated and calcareous glands at the hilus are clearly distinguishable. It has the disadvantage of not distinguishing between the infiltration due to tuberculosis and that caused by anything else. Moreover only an expert can interpret the early findings. It has the advantage of

showing the extent of a known lesion and is probably of considerable value in conforming and completing the clinical findings.

In summing up it would seem that the means of diagnosis which have been at our command so long are the most valuable; that auscultation, percussion, inspection and inquiries into subjective and objective symptoms are worthy of more careful consideration at our hands. It is only natural to turn to something new but I believe that by far the greater number of early tuberculosis cases can be diagnosed by these means alone. If after exhausting these means, one is still suspicious of tuberculosis one should try the ophthalmic test which is not so apt to show a healed or latent lesion. If one wishes to determine whether there is an inactive tuberculosis try one of the vaccination tests either Moro's which is very convenient, easily quickly and painlessly applied, or Von Pirquet's if you prefer the most delicate test there is outside of subcutaneous inoculation. Von Pirquet's or Moro's test is to be preferred in infants where the ophthalmic test may cause conjunctivitis of to severe a grade and in which there is not apt to be a healed or a latent focus to confuse or mislead.

It is conceded that the bovine type more frequently affects infants and children than adults so that Detre's different test will soon come into more general use in testing for bovine types when the human tubercle bacilli fail to give reaction.

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## DOCTORS AND MEDICINE—PAST AND PRESENT

### Have They More Blessed Than Cursed Mankind.

J. DILLON, M. D., Eureka, Kansas.

Read Before the Kansas Medical Society at Iola, May 8, 1908.

In the 16th Chapter of 2nd Chronicles we are told that when Asa was diseased in his feet "he sought not to the Lord, but to the physicians, and Asa slept with his fathers." That Asa was a fool for so doing can be proved by all the divines and theologians who have lived and taught through the several millenniums since; and that those who think they are sick and apply to physicians today are equally foolish can be verified by the testimony of Mother Eddy and her whole retinue of satellites. Are they right, or are they wrong? Have all the efforts of all the doctors of all the schools of medicine that ever existed diminished, or added to, the sum total of human happiness? How stands the ledger? From time immemorial has the search for relief from human ills through medicine and medical men been a vain and foolish quest? In short, is it

true that it would be better for the patient and worse for the fishes if all drugs were thrown into the sea?

These questions may sound strange in a medical society, still I deem them not unworthy a few moments of serious thought. Since man came upon the earth, assumed the upright position and became endowed with reason it is impossible to conceive of a time when he did not seek relief from sickness and pain. As far back as we can trace the history of the human race we find the existence of medicines and doctors, and it is doubtless true that they existed long before recorded history began.

In primitive ages, as now what man did not understand he was prone to attribute to occult, mysterious agencies. When pestilence came, evil spirits were flying in the air, seeking their victims among the children of men. The individual sufferer was under the malevolent influences of a demon, spook or spirit. An epileptic was possessed of a devil, and a very bad case might entertain enough of them to drown a whole herd of swine.

In looking over the medicine of the past and the agencies employed to relieve the sufferings of humanity, whether we are moved by emotions of levity or otherwise depends upon the view point and purpose of the enquirer. To affirm that primitive medicine was crude,, unscientific and woefully mingled with superstition, is but to acknowledge that it shared the common lot of theology, philosophy, astronomy and all other things that engaged the attention of primeval man; and when we boast of its present high position in the affairs of life, let us remember that every advance, every step forward, has been achieved only by tearing down walls of ignorance, prejudice and malevolent or mistaken opposition. For thousands of years the physician was expected to know all about the structure of our organisms, yet it was a crime for him to do the only thing by which knowledge could be obtained, dissect a human body. And, even today, there is hardly a session of Congress, or of any important legislative body in the world, in which an effort is not made to hamper medical advancement by more galling restrictions against physiologic and therapeutic demonstrations upon animals. Persons whose consciences are never hurt by the life-destroying art of the slaughtering butcher, or who count it great sport to spend hours of a summer's day on the river's brink or bosom with living writhing creatures impaled upon a hook that they may catch a few fish for fun or profit, are wonderfully horrified when physicians seek to learn more about vital functions and how to relieve fleshly ills by vivisectioning an animal whose pain and sufferings are completely lulled by anesthesia. According to them, to save life,

suffering and horrible disfigurement by checking the ravages of small-pox through vaccination is a crime that should be suppressed by law. It is almost as wicked as killing rats to check the spread of the bubonic plague.

To put a stop to such acts as these anti-vaccination, anti-vivisection and other anti-societies are formed, and a howl goes up to Heaven and the lawmakers that all doctors, who, in this way seek to save sickness and suffering and gain wisdom for the betterment of mankind, be locked up with common criminals.

Let childless women whose affections are all bestowed upon poodle dogs organize such societies to their heart's content, but the loving parents who have seen their only child, the priceless treasure of their home, suffocating from laryngeal diphtheria, snatched from the jaws of death by the timely injection of a dose of antitoxin, will never join.

To the antiquarian no theme is more enticing than the study of the rise and progress of medicine, and none yields him a richer reward. In its infancy it had the weakness of all infants and was woefully hampered by its swaddling clothes. These were a heterogeneous mixture of ignorance, superstition, empiricism and priestcraft. This entanglement took thousands of years to overcome. Disease was a mystery, and like all mysteries, kept the world guessing as to its nature and cause. When any guess, however plausible, ceased longer to satisfy the growing intelligence, another was made, to be followed sooner or later by another. Those guesses that had the largest following, took deepest root and best answered the demands of their age were made a matter of record, and are known in history as "Schools of Medicine."

However far short of the medicine of the 20th century were the conceptions of Hippocrates, we can but accord to him and his followers the highest honors for the work they did in starting it on a rational course, and although all of the numerous schools that have come and gone since were wrong in the sense of reaching the finality of wisdom, yet they all contained a germ of truth. Each was a light, however dim, guiding through the universal darkness to something higher and better; each a taper pointing to the dawn of a brighter day. Each had a work to do and a mission to fill in the economy of human progress. When we look back over the past we are often made to wonder how accurately some great minds reasoned, and how clearly they saw the truth through the surrounding gloom. Many of these giants were persecuted by their contemporaries for being born before their time, made martyrs of and



sent to oblivion in their own day to rise high in later years when the world was ready to receive their teachings.

To tell all that medicine has done for the race would be to write, if not the largest, at least the brightest, volume of human history. But time and space limit reference here to but few of its achievements.

"From what we can see about us today we can get but a faint idea of the devastation wrought in times past by epidemic diseases, which history tells us, "have often destroyed the army of conquerer; removed whole races of mankind from the earth; given the death blow to an advancing civilization, and left a strange and enduring impress on the intellectual life of great nations." It is estimated that during the entire hundred years of the 18th century the toll exacted from the world by small-pox alone averaged 600,000 human lives every twelve months. Today, if the doctors were heeded, this grim destroyer would be virtually banished from the earth.

As a contrast between the old and the new methods of dealing with epidemics let us compare the European visitation of the plague near the middle of the 14th century with its present invasion of our own western shores. In the former the cause was attributed to the avenging wrath of an outraged God.

In the latter case it was found that the authors of the mischief were diseased rats communicating the scourge to man through the agency of fleas. In the former the remedy chiefly relied upon was propiation of Diety, and in a brief time all Europe was in mourning, for 25,000,000 of her people lay dead. In our case we waged a war of extermination against the rats, and in six or eight years the death roll claimed by the plague scarcely equals what we have paid during the same period to the sport of football, and falls far in the rear of our contributions to the patriotic celebration of 4th of July.

When a railroad was built across the isthmus of Panama near the middle of the last century, if all the men lost in that work as a sacrifice to pestilential diseases had been laid side by side their bodies would have formed a continuous bridge reaching from ocean to ocean. When, some years later, the French undertook to dig a canal there the same foe defeated a proud nation and sent its builders back over the sea. When America essayed the same task she sent to those foul jungles of ill omen and death-dealing fame, Dr. Gorgas, who waved the magic wand of modern sanitation over the zone, banishing pestilence and transforming this great charnel house of the world into a comparative paradise.

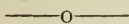
When I remember that previous to the year of my birth the

agony of childbirth or the sting of the surgeon's knife had never been lulled into a painless dream by the use of an anesthetic I begin to have some realization of what progress means. Again let me recall that as late as 1761 fifty per cent of London's population perished before reaching the age of 20. Today the same per cent live to be 54. In Germany 150 years ago  $\frac{3}{4}$  of all the children born died before the end of the tenth year. While we have not been able to bring about earthly immortality (a thing wholly undesired), we have done something better. In less than half a century the average span of human life has been lengthened  $91\frac{1}{2}$  years and made the fullest, happiest years ever lived on earth by man since the morning stars sang together.

But why continue to relate what medicine has done and is still doing for the world? It is a story that has no end; and the greater part has never been touched by recording pen. He who kills his thousands and ten thousands on the fields of battle becomes the hero of history, the idol of the multitude and the theme of the legend, story and song, but he who lives and labors but to save is little heeded and soon forgotten. His work is done in modest humility and often with no hope of other reward than the consciousness of duty done. Often it is in the midst of humblest poverty in response to a poor mother's cry for help to pass the throes of maternity; or the doer bares his bosom to storm and cold and leaves his couch at midnight's darkest hour and, with no light save the lightening's glare to guide him, struggles through miles of mud and snow and rain to soothe an infant's cry and ease a sufferer's pain.

Notwithstanding the gibes of our critics, if all the people now living upon the earth and who would have been gone but for the doctors, were assembled together it would constitute an army greater than ever mustered under the banner of a Cæsar, a Napoleon, U. S. Grant or Oyama; and if all whose miseries have been mollified and shortened were called upon to testify it would include the greater half of all the people living in civilized lands today.

As physicians have always been, so will they ever be, found in the front ranks of education, science and every battle for human liberty, progress, enlightenment and all that tends to the uplift and betterment of mankind.



It is extremely difficult to make a positive diagnosis of acute pancreatitis; it differs in no way from several violent acute conditions, like perforation of the gall bladder and affections of the stomach.—Ochsner.

## ABNORMALITIES OF THE GRAVID UTERUS AND THEIR TREATMENT.

FRANCES A. HARPER, M. D., Pittsburg, Kansas.

Anatomically, the rectum, uterus and bladder occupy certain relative positions. Any marked deviation either backward or forward of the uterus will impinge upon bladder or rectum, or both, giving rise to pressure symptoms or irritation referred to one or both of these adjacent structures.

Pregnancy, is, or should be, a natural physiological process, and normally should give rise to little discomfort. The unpleasant symptoms accompanying a pregnancy are principally due to the strenuous efforts which nature is called upon to put forth in overcoming various obstacles, straightening out flexions, righting malpositions, and recovering lost equilibrium generally.

While the organ is small and uncongested no especial symptoms may manifest themselves. Let it become physiologically congested or enlarged, and how quickly discomfort is experienced, and the symptoms arising will usually be exactly in proportion to the deformity or obstruction to be overcome.

There is, however, a certain class of neurotic individuals in which no cause presents itself to account for the symptoms exhibited; but, as a rule, I have found more gross pathological conditions existing than symptoms arising would indicate.

The terms, "toxemias" and "neuroses of pregnancy," are used to cover a vast multitude of sins of ignorance and neglect. Why should the perfectly natural physiological process of pregnancy occasion a toxic condition of the system, any more than any other perfectly natural function of any other functioning organ of the human body, provided the organ be in normal condition, and performing a normal function?

Many (I believe most) of the obscure so-called "toxemias" or "neuroses" are due to deformities, torsions or displacements of the uterus itself, added to which there may be improper functioning of the various organs of elimination. Oftentimes, after a superhuman effort on the part of Nature, abnormalities may be righted without interference. In other cases conditions are more difficult or impossible, and unless Nature is aided or supported abortion results.

Why is it that so little is done for the comfort and well-being of the pregnant woman, except to dose her with nauseating drugs which oftentimes increase rather than diminish her discomfort?

Why is it that the physician so seldom sees his parturient patient until he is hastily summoned, and perhaps gets there in time to tie and sever the cord and deliver the afterbirth,—duties which any intelligent nurse or midwife,—or even housewife,—might have performed? The care of the case, ante-partum as well as post-partum, is too often left to the varied but kindly ministrations and wholesale prescribing of the neighborhood.

As soon as a woman becomes pregnant she should seek the advice of an intelligent physician. Each organ of the body should be carefully interrogated at various times, and as soon as any irregularity or weakness manifests itself efforts should be directed toward its removal. Especially should all the organs of elimination be questioned. Very little medication will be needed if hygienic regulations as to diet, rest, exercise, bathing, etc., are maintained.

If there are any indications of a local abnormality it should be sought out and remedied by whatever treatment as seems indicated, instead of prognosticating an abortion, and waiting for it to occur.

I desire to make a statement here, which I shall endeavor to substantiate by reporting a series of cases that, properly conducted examination, local treatment, tamponade or packing for medication and support, and manipulation for reposition, are no more contraindicated in the gravid uterus than in the non-gravid one, provided symptoms are present which indicate a pathological condition calling for such interference.

Treatment should never be meddlesome, but directed toward the accomplishment of a definite purpose; when that purpose is accomplished Nature will gladly carry on the work unaided.

There are certain periods at which a woman is more liable to abort than at others, and you may say that it is particularly hazardous to treat in any way, especially at these periods of a gestation. One might as well say it is hazardous to operate upon a man for a suppurating appendicitis. We must take the risk, and choose the lesser of two evils. Prompt action saves the man's life, without which he would have died; this is our best judgment. Without interference, our common sense and best judgment tell us our parturient patient will abort. Prompt action will probably remove or overcome the condition producing the unfavorable symptoms.

Altogether too many cases of this kind are treated on the "expectant plan", and in the course of a few days or weeks the woman does just what you "expected" her to do,—aborts,—when perhaps a little forethought, prompt action and caution might have cor-



rected the underlying cause, and averted the impending disaster.

In conducting examinations and local treatments there are a few points to be well borne in mind:

1.—In making digital examinations, the examining finger should be encased in a surgeon's rubber-tissue finger cot,—for obvious reasons.

2.—Under no circumstances should a probe or other instrument be used to enter the uterine cavity.

3.—Never attempt to introduce a tampon or make a local application (unless a suppository) without the aid of a speculum.

4.—Ordinarily, only bland, unirritating antiseptic applications should be made to cervix or vagina.

5.—In manipulating to overcome a mal-position, patient should be placed in such position as will enable gravity to aid in the reposition.

6.—Tampons for medication and support should be of lamb's wool, and placed well around cervix, where they act as easy, springy support, without irritating or making undue pressure.

7.—If packing gives discomfort, it is either improperly placed, or is contraindicated; and in either case should be discontinued.

8.—In treating displacements patient should be instructed to assume, several times daily, such position as will aid in the reposition.

9.—In every pregnant case, as soon abdomen begins to enlarge, a good elastic abdominal supporter should be worn. Such a supporter gives comfort, and aids in holding the gradually enlarging fundus in proper position, and greatly lessens the strain upon abdominal muscles.

Without going into any unnecessary detail, I shall as briefly as possible report a few cases to demonstrate active treatment from the first signs or pregnancy up to term, without any regard for the critical periods of pregnancy. I never hesitate to treat where indications are imperative, and choose that method of treatment which seems best suited to the individual case, and I have yet to see an unfavorable termination as the result of such treatment.

My best judgment tells me that without treatment the following cases would have unquestionably aborted;:

**Case 1.**—Mrs. M. Probably from six weeks to two months advanced in fourth pregnancy. Severe and increasing bladder irritation induced her to seek advice and relief. Examination revealed a very sensitive anteflexed uterus, enlarged fundus being easily palpated through bladder and extending below pubic arch, cervix beyond reach, and pointing upward and backward. Sever-

al treatments were necessary before torsion could be entirely relieved, by carrying fundus up and bringing cervix down. Bimanual manipulation and packing, aided by elastic abdominal supporter, gradually and easily overcame the deformity, and case went on to term uneventfully, and was duly delivered of a fine, healthy girl baby. Eight treatments were given.

**Case II.**—Mrs. R., a friend of Case I. Proably three months along in second pregnancy. Suffered considerable inconvenience from the beginning. About two weeks previous to consulting me had observed a pouching from vagina, which kept growing worse. She thought that bladder had dropped down, as urination was difficult and painful. Her husband brought her in for examination, revealed an almost transvers position of the uterus, with cervix on a level with vaginal outlet, fundus lying in pelvic basin. I explained the condition to both, and that abortion would inevitably result in a short time unless position was changed; that manipulation necessary to carry fundus forward might possibly precipitate such a catastrophe, but it was only the hope of averting it. They both agreed that almost any change would be for the better, as the woman's condition was becoming extreme.

It will readily be seen that this was a most delicate case, and required great caution in manipulating to avoid unpleasant results. In just forty minutes reposition was accomplished and cervix firmly packed anteriorly. After an hour's rest patient was able to be taken home, feeling greatly relieved. She returned to the office in four days, feeling better than she had felt for a month. One more treatment, with firm packing, and adjustment of abdominal supporter was all that was necessary. As soon as released from its abnormal position the uterus had ballooned up to such size that it could not again become displaced.

**Case III.**—Mrs. B. Fifth pregnancy in seven years; between five and six months advanced. Three weeks before consulting me attempted to lift a tub of water,—with the natural result. "Something gave way in my left side," she said. Had several paroxysms of cramping pains in side and back, and latterly colicky cramping in lower abdomen and limbs, followed by severe chilling. She was very weak and nervous, and could not straighten up, but walked bent almost double. Examination under such conditions was difficult and painful. No packing and little active manipulation could be used; entire abdomen painful and sensitive,—left inguinal region especially so. Uterus generally prolapsed, fundus ante-flexed and crowded down over pelvic brim; cervix low and exceedingly tense, tender and pulsating.

Patient was placed in dorsal recumbent position, knees flexed to relax abdomen somewhat, and gentle massage given with a view to carrying up relaxed fundus. The Trendelenburg position was next used, By the aid of gravity and firmer massage uterus was gradually carried upward and a light bandage adjusted for support. Patient was next changed to knee-chest position, and instructed to take deep inspirations. Again, gravity, aided by air passing into vagina, carried fundus and cervix higher and bandage was readjusted and drawn firmer to support and hold position gained. After resting for two or three hours she was able to be taken home. The woman was so weak and nervous that for several days it was a question whether abortion would be averted. However, paroxysms were controlled by sedatives, and gradually abdominal tenderness and other symptoms subsided as manipulation reduced the prolapsed organs to their normal position. Elastic abdominal supporter was adjusted at second treatment, and worn day and night. In two week's time uterus was in perfect shape and position, fundus reaching up to umbilicus rounded and smooth, abdominal tenderness almost nil, excepting left side where strain was most felt, where considerable tenderness was still evident. Fetal movements, which were slight or absent for some time after injury, were now becoming strong and vigorous. Five treatments were given. After her last treatment patient left office walking firmly erect, and unassisted, —quite a contrast to the manner in which she entered it two weeks before...

(This is a very recent case, but at last accounts was progressing finely, and improving every day.)

**Case IV.**—Mrs. T. When this case first came to my notice she was about two months advanced in second pregnancy. At her first confinement, two years before, she sustained a complete laceration of perineum, extending into rectum, causing lost bowel control; deep cervical tear, with ragged projections around os; complete obliteration of all uterine ligaments; both cystocele and rectocele. As soon as uterus began to enlarge in pregnancy it dropped down to outlet, having little or no support excepting vaginal mucosa. Accompanying this general prolapse was an intense vaginitis, mucosa red, angry and swollen. Soothing applications and douches were used for several days before a really satisfactory examination could be made or treatment given. After inflammation and swelling subsided somewhat uterus had to be held up with packing, it only being removed for cleansing douche, and then repacked. It was necessary to keep up this constant packing for a period of five months. Several times packing was removed and allowed to re

main out for a day or two in the hope that it might gradually be dispensed with, but nearly every time uterus dropped down and threatened to precipitate affairs. However, with uterus lifted and again well packed, in a short time she was up and about as well as ever, and feeling fine. As pregnancy advanced, packing was made smaller, and on toward the eighth month it was left in several days without removal. Occasionally it could be removed and not replaced for several days, so long as patient was very careful not to exert herself. Before any undue exertion, however, such as walking any distance or doing extra housework, she always came in for a good firm packing to be introduced to fortify against mishap.

This case I was particularly anxious to carry through to full term, as proving the fact that tamponade and local treatments are not always contraindicated, in the pregnant state, however much some may think so. Unfortunately, we cannot always control circumstances, nor our patients. During the eighth month she felt unusually well, and only took occasional treatments, as she felt the need of the support. One day she did an unusually large ironing, and considerable light housecleaning, such as washing windows, dusting walls, etc., without the support of packing. That night I was called to find her in active labor, the water have been passing away slightly nearly all day. Movements of child were strong and active, but in a few hours ceased, and patient quieted down and rested the balance of the night. Next morning pains came on again, and complete dilatation took place, but no movements had been felt since the previous night. Some hours later it was necessary to administer an anæsthetic and instrumentally deliver the dead child, which was as beautifully formed and perfectly developed a girl baby as one could wish to see. No sort of development defect appeared excepting that the finger nails were somewhat short.

A peculiar and noticeable feature in the case was that the cord was wound tightly about the middle of the body, leaving a distinct line of demarcation, the upper portion of body (dependent part in utero) being mottled and purplish, the lower portion above constricting cord being livid and marble-like. What killed the child?

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## GUNSHOT WOUND OF THE CHEST.

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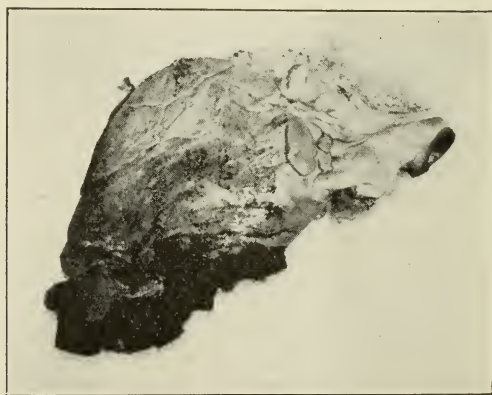
R. S. MAGEE, M. D., Topeka, Kansas.

Professor Pathology Kansas Medical College (Med. Dept. Washburn College).

On the night of January 31, 1909, two colored young men, aged 18 years respectively, engaged in a quarrel over some money which resulted in one shooting the other. Both had double bar-



relled shot guns. One of them stood on the step at the door the other just inside of the house—pointed his gun through the crack of the partly opened door, fired both barrels and shot the other in the left breast. The victim as soon as he was shot turned and walked in a straight line for the street and fell face forward to the ground and died, on his gun which he held firmly and carried away with him. The distance from the step where he was shot to the place where he fell, as measured by the Coroner, Dr. H. H. Keith, was a distance of forty-one (41) feet. The autopsy which I held a few hours afterwards in the presence of the coroner showed a circular "punch like" opening  $2\frac{1}{2}$  inches in diameter just above the left nipple. The fifth rib was broken. The pericardium was torn away and in shreds. The left ventricle was split in two from base to apex, separating it from the interventricular septum, completely. Two openings admitting the index finger tip found in the septum passing through into the right ventricle. The right ventricular walls were otherwise uninjured. A number of shot together with one of the gun wads were found in the muscular substance of the heart. Some shot were found in the base of the left lung, the remainder were found in the bottom of the left pleural cavity, which also contained several pints of uncoagulated blood. All of the charges passed through the opening in the chest wall as no shot were found in the skin outside, about the opening.



Showing the heart as it laid in the chest cavity. Black line shows torn wall.

The remarkable thing about it and which led to the report of the case is the fact that wounded man walked, unaided and without falling, the measured distance of 41 feet with the heart so com-

pletely destroyed as to put it seemingly absolutely out of commission.



Body of ventricle raised up to show extent of wound.

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When lactic acid bacilli can be found in the stool but not in the vomitus, look for an affection of the small intestine, and not the stomach.

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It is not unusual to see a child promptly recover from severe fracture at the base of the skull, when a similar injury in an adult would prove rapidly fatal. Cold should be applied with more than ordinary caution in fractures of the skull. The prolonged use of ice-bags, cold water coils, and similar expedients not infrequently leads to serious and unnecessary depression.

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In overdistension of the bladder, due to prostatic disease, one should be careful not to empty the bladder too freely as paralysis of the bladder wall, as well as hemorrhage, might ensue. The patient is the best indicator of the amount to withdraw as he generally complains of cramp-like pain when too much urine is withdrawn. As a rule there is an accompanying congestion of the kidneys so that these patients may secrete from three to five quarts of urine a day.

# THE JOURNAL OF THE Kansas Medical Society.

**JAMES W. MAY,** - - - - **EDITOR.**  
**J. E. SAWTELL,** { ASSOCIATE EDITORS } **CHAS. S. HUFFMAN.**

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

It should be borne in mind by the writers of articles for the State meeting that it is almost impossible to publish them unless they are typewritten. Therefore, please have a typewritten, corrected copy of your article for the editor of the Journal.

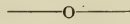
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**Have You Paid Your Membership Dues for 1909?** If not it is time to send your check for \$3.00 to your County Secretary. If your dues are not paid in time for the State Secretary to check up before the annual meeting then you lose your membership and also the Journal. **Get Busy!**

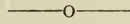
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There is a proposition which should come before the State Society at the next meeting and that is in reference to establishing a physician's defense association in connection with our Society. The Missouri State Association has had the plan in force for the past year and they report that threatened damage suits were stopped and successfully defended. (Number could not be ascertained.) Iowa, Michigan, New York, Pennsylvania and several other states have also adopted the plan. Of course funds would have to be raised to pay expenses of attorneys, court costs, etc., which would all have to be worked out by a committee sel-

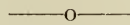
ected for this purpose. It would not be expected that the Society should pay any judgments that were rendered, but simply defend the suit to the court of last resort.



County Secretaries have it within their power to make the "Society Notes" column a thing of interest. If every County Secretary would send in a report of their meetings for publication in the Journal it would stimulate interest in their Society and also the Journal. It is to be hoped that the Secretaries will hereafter report all meetings and items of interest to the editor.



Every medical society in the state should have a press committee whose duty it should be to gather well written articles on the prevention of disease and have them published in the daily papers. It is recognized as a fact that the way to prevent tuberculosis is to educate the people to take care of themselves when they have it and also when they have it not. An enormous amount of good is being done in this particular by the "National Association for the Prevention of Tuberculosis," who have two exhibits going about the country. During fourteen days stay in Kansas City, Kas., recently, there were 18,000 persons who visited the exhibit, and it is safe to say that a large percentage of them were sufficiently interested to obtain enough knowledge to at least protect themselves. If this is so in this particular mode of education, then it is safe to assume that great good can be accomplished along other lines. Therefore, we must be eternally up and doing and educate humanity to care for themselves.



Considerable interest is attached to the visit to Kansas of Dr. J. N. McCormack, National Organizer of the American Medical Society. Dr. McCormack is well known as a lecturer of rare ability. The well-nigh universal report received from all the places where he has spoken in the last three years is that he is one of the most genial and magnetic lecturers that has ever been heard in the locality. The following taken from a pamphlet entitled, "Dr. McCormack's Advance Agent," will show what the doctor is and is not doing.:

1—He is **not** delivering dry, technical, scientific lectures on questions connected with the theory or practice of medicine. 2—He is **not** giving talks to "physicians only." His special desire and the earnest wish of the Association which sends him out is that he may come into personal contact with just as many prominent members of the laity in each town as possible. 3—He is not endeavor-



ing to secure members for the American Medical Association, nor subscribers to the Journal. He is in no sense the advance agent of anything, except "Peace and Good Will."

There are some definite things, however, which Dr. McCormack is trying to do, and they are as follows: 1—To build up and strengthen the county societies throughout the country. 2—To abolish the evils which have resulted from jealousy, envy and discord inside the profession; to improve the business methods of the profession, and to impress the importance of this both upon the doctors themselves and their patrons. 3—To show, not only to physicians, but to the public as well, the absolute need of compact, effective medical organization, for the sake of both the physician, his patients and the people. 4—To enlighten and instruct the general public regarding the work, mission and aims of the medical profession. That these matters are grossly misunderstood is known to every intelligent physician. 5—To remove the unreasonable and unjust prejudices against the profession, as a whole, which exists in the minds of many otherwise intelligent people and to make plain the danger to the people inseparable from poverty in the profession. The work that Dr. McCormack is doing is of the greatest importance. It is most desirable that every community to which he may go shall derive the greatest possible benefit from his visit.

The itinerary of the meetings to be held by Dr. McCormack, is as follows: At the place designated, Dr. McCormack will meet with the members of the County Society and other visiting members, on the afternoon of the date mentioned. He will also hold a meeting in the evening, to which the general public is invited.

First Councillor District—C. W. Reynolds, Councillor, Holton, Kan.; April 14th, Atchison; April 15th, Hiawatha.

Fifth Councillor District—O. P. Davis, Councillor, Topeka, Kan: April 16th, Manhattan; April 17th, Abilene.

Third Councillor District—F. M. Daily, Councillor, Beloit, Kan: April 19th, Norton; April 20th, Beloit.

Sixth Councillor District—J. A. Dillon, Councillor, Larned, Kan: April 22nd, Larned; April 23rd, Garden City.

Fourth Councillor District—O. J. Furst, Councillor, Peabody, Kan: April 24th, Newton; April 25th, Wellington.

Second Councillor District—H. B. Caffey, Councillor, Pittsburg, Kansas: April 27th, Independence; April 28th, Pittsburg.

Seventh Councillor District—Preston Sterrett, Councillor, Kansas City, Kan: April 29th, Leavenworth; April 30th, Lawrence.

## NEWS NOTES

Dr. J. E. Sawtell has returned from a two months vacation in Texas.

Dr. J. E. Minney will return soon from Alhambra, California, where he has been on a vacation.

This year's legislature has granted Kansas University \$50,000 to erect a state hospital at Rosedale.

Dr. G. H. Hoxie was elected President of the Association of American Medical Colleges at its recent meeting in New York City.

Dr. J. F. Binnie, of Kansas University faculty, is secretary of the section on surgery for the A. M. A. meeting at Atlantic City in June.

**The "Lodge."**—To settle the estate of Dr. Sexton, his interest in this well-known institution will be sold at once. For particulars write Mrs. M. P. Sexton, Bonner Springs, Kansas.

Prof. M. A. Barber, of the Kansas University faculty, has an article in the last number of the Journal for Medical Research, in connection with Drs. Webb and Williams, on immunizing against tuberculosis by means of living bacteria.

Dr. John Outland, of Kansas City, has been appointed a member of the board of medical examination and registration for the full term and Dr. C. S. Simmons, of Lawrence, and Dr. H. A. Dykes, of Lebanon, for unexpired terms.

Dr. Clay E. Coburn, of Kansas City, Dr. J. A. Milligan, of Garnett, and Dr. S. J. Scott, of Independence, have been appointed members of the State Board of Health for unexpired terms and Dr. Victor C. Eddy, of Colby, Dr. Chas. H. Lerrige, of Topeka, and Dr. H. L. Aldrich, of Caney, for full terms.

**Tuberculosis in New York State**—During the year 1908 the mortality from pulmonary tuberculosis was 14,316; for 1907 it was 14,431; for the last five years there have been something over 14,000 deaths each year, or between ten and eleven per cent, of the deaths from all causes. The mortality from other forms of tuber-

culosis for the year 1908 was 2,205, which makes a total of 16,521 deaths from tuberculosis, or 11.9 per cent. of the total mortality.

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Dr. M. T. Sudler has just returned from the meeting of the Association of American Medical Colleges in New York City. At this meeting it was the general sentiment that the 4 years course was too crowded, and that a fifth year must be added—either by requiring a preliminary year in college, or by some extra work in the medical colleges themselves. The stronger schools are all moving toward advanced entrance requirements. The next meeting will be held in Baltimore.

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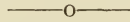
It is reported that a new vaccine which will successfully battle with germs of pneumonia, blood poisoning and typhoid fever has been developed at the laboratory of Tufft's Medical School in Boston by Dr. Timothy Leary, head pathologist.

The practical importance and value of obtaining accurate information in regard to cases of tuberculosis, of submitting official reports on such cases, of compiling the data on such reports and of studying statistics is recently shown in the situation in the British Empire. In the war against tuberculosis the Irish have been less progressive than either Scots or English. As compared with forty years ago, the death rates from tuberculosis in England and in Scotland have been reduced nearly one-half; whereas, in Ireland the death rate has increased. This bitter fact has stirred the prominent citizens of Ireland to action. Figures cannot be gainsaid, and looking across the Irish sea, they have only to learn what intelligent effort as expressed in tuberculosis sanatoria, dispensaries, etc., can do toward the reduction of death from this disease.—Public Health.

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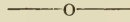
**Medical Legislation in Kansas.**—The food and drugs law has been amended and strengthened materially, providing for a number of additional inspectors and increasing the salaries paid for this work. The water and sewage act has also been strengthened, making it a most comprehensive law. The appropriation for sanitary purposes has been increased, enabling the State Board of Health to enlarge its work. The law regarding county health officers has been amended, giving the state board power to remove county health officers for failure or neglect of duty. A law has been enacted making the notification of tuberculosis compulsory, also a strong law for the eradication of tuberculosis in cattle, providing among other things that cities shall have the right to require tuberculin test on all cows whose milk

is sold in the city. A stringent law against expectoration in all public conveyances, buildings and streets has been adopted. A sum of \$10,000 a year for two years has been appropriated for the State Board of Health in inaugurating an educational campaign throughout the state for the suppression and prevention of tuberculosis. Dr. S. J. Crumbine, secretary of the board, says regarding this appropriation: "I believe that Dr. McCormack's talks to the members of the legislature were instrumental in saving the day, for while they had killed the bill once, yet there were enough who had been converted to the idea of 'saving the people' to enable the bill to pass." The only bill advocated by the State Board of Health and the State Society which failed to pass was the vital statistics bill, and it is hoped that this may become a law at the next session of the legislature.

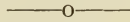


## **SOCIETY NOTES.**

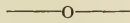
The spring meeting of the Southeast Kansas Medical Society will be held at Parsons, April 13th, 1908.



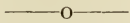
The next annual meeting of the American Medical Association will be held at Atlantic City, N. J., June 8-11, 1909.



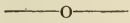
The Shawnee County Medical Society has adopted the post-graduate course of the American Medical Association.



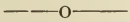
Dr. G. C. Sharrard read a paper on "Anæsthesia," and Dr. H. M. Cornell one on "Infection," at the Wyandotte County Medical Society, March 23.



Dr. H. L. Alkire read a paper on "Anatomy of the Heart," and Dr. R. S. Magee one on "Physiology of the Heart," at the Shawnee County Medical Society, March 12.



The fifty-second annual meeting of the Missouri State Medical Association will be held in Jefferson City, May 18-21, 1909. The program is made up entirely of Missouri physicians.



## **EMPORIA MEETING OF THE KANSAS MEDICAL SOCIETY, MAY 5, 6, AND 7, 1909.**

There will be a meeting of the Council and House of Delegates, on Tuesday evening, May 4th. Place of meeting Masonic Temple Cor. 5th Ave. and Merchant Street.



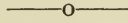
Exhibit space will be ample for all who wish to place goods on exhibition. Appropriate badges provided by the Lyon County Medical Society. Banquet will be given Thursday evening, May 6th. Reception given to the Doctor's wives Thursday afternoon, May 6th. Music by the Orchestra. A ride to be given sometime during the second day.

Partial list of those on the program: President's address, Dr. C. C. Goddard, Leavenworth, Kan; "History of Examination for Life Insurance," Dr. J. W. Graybill, Newton, Kan; "Early Diagnosis of Tuberculosis," Dr. C. S. Kenney, Norcatur, Kan; "The Relative Diagnostic Significance of Variations in the Hydrochloric Acidity of the Gastric Contents," Dr. F. A. Carmichael, Goodland, Kan.; "Accidental Rupture of the Appendix," Dr. A. D. Updegraff, Anthony, Kan.; "Solar Therapy," Dr. M. F. Jarrett, Ft. Scott, Kan. "Miscarriage," Dr. W. S. McDonald, Ft. Scott, Kan.; "Diabetes of Pregnancy and Its Effect on the New Born Babe," Dr. W. C. Harkey, Gardner, Kan.; Arterio-Sclerosis and Its Relation to Alcoholic Inebriety," Dr. Royal McShea, Chapman, Kan.; "The Ideal Relation Between Doctor and Druggist," Dr. W. A. Klingburg, Elmo, Kan.; "Injuries of the Spinal Cord Due to Accident," Dr. O. D. Walker, Salina, Kan.; "Medical Irregularities," Dr. L. S. Wager, Florence, Kan.; "Relation Existing Between Country and City Physicians," Dr. Grant Myers, Lincolnville, Kan.; "Hepatic Abscess Following Appendicitis," Dr. H. G. Welsh, Hutchinson, Kan.; Paper, H. J. Duvall, Hutchinson, Kan.; "The Technic of Skin Grafting," Dr. N. C. Morrow, Altamont, Kan.; "Typhoid Fever at Sterling," Dr. M. Truehart, Sterling, Kan.; "Significance of Pathological Uterine Hemorrhages," Dr. J. H. Powers, Little River, Kan.; "Spondylosis Physiomelique," Dr. M. V. Stephenson, Osage City, Kan.; "Cirrhosis of the Liver, With Adenoma," Drs. A. E. Hertzler, Halstead, and N. E. Wilson, Douglas, Kan.; "Diphtheria," Dr. E. E. Wuttke, Halstead, Kan.; "Practical Obstetrics," Dr. E. S. McIntosh, Burns, Kan.; Paper, Dr. Jabez N. Jackson, Kansas City, Mo.; "Treatment of Fractures of the Patella," Dr. Geo. M. Gray, Kansas City, Kan.; "Penetrating Wounds of the Abdomen," Dr. R. C. Lowman, Kansas City, Kan.; "The Physical Therapist and His Relations to the General Practitioner," Dr. E. R. Tenny, Kansas City, Kan.

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Dr. Asa P. Tenny, of Kansas City, Kansas, died of pneumonia at his home March 20th. He was born at Concord, N. H., seventy-five years ago. He is survived by a widow and two children: Dr.

E. R. Tenney, of Kansas City, Kansas, and a daughter. Dr. Tenney was graduated from the medical department of Harvard in 1859. In 1877 he was appointed Superintendent of the Kansas State Asylum for the insane at Osawatomie. Later he became superintendent of the Topeka Asylum for the insane. He came to Kansas City, Kansas, in 1885, where he remained until his death.



### ALBERT J. BEST, M. D.

In the passing of Dr. Best, Nemaha county and the medical profession sustained an irreparable loss. No one who could fill his place will come to take it. Hence the sense of loss so keenly felt will terminate only with the lives of those who knew him.

Nearly a quarter of a century ago he came over to Seneca and with Drs. Emily Slosson, Preston Thompson, Samuel Murdock and one or two others organized the "Northern Kansas Medical Society." For many years it was the only society of its kind in this part of the state. Its meetings attracted the interest, and secured the regular attendance of the highest medical talent of Kansas City, St. Joseph, Topeka, and other surrounding towns and cities.

In 1903 in the general organization of the medical profession of the whole country under the auspices of The American Medical Association, again he was a charter member. He remained a member in good standing of the American Medical Association, The Medical Association of the Southwest, (Missouri, Kansas, Arkansas, Oklahoma and Texas), The Kansas Medical Society, The Northeast District and Nemaha county Societies. Of this home Society, the most interesting session we have had was at Centralia a few years ago; it was the best, and essentially a "Best" meeting. In the discussion of his subject for the occasion, pneumonia, he brought to bear upon it the deep philosophic principles of medicine, and made clear in his inimitable, terse style, their successful application to the treatment of disease. Could his professional biography be written, it would be a valuable compend of the practice of Modern Medicine.

It is the general opinion that overwork reduced his vital resistance to the danger point. If by this is meant irregular meals taken in a state of bodily fatigue that impeded indigestion, and habitual loss of sleep, there is much truth in it. No man of his knowledge and intelligence, with a family well provided for, would do this for mere gain. The humane interest he felt in the sick ones

who depended upon him impelled him to tax his vitality to the limit. But his modesty, always a component element of greatness, deterred him from admitting to others his self-sacrifice. Successful financially, he was more fortunate in the results of his professional efforts. His presence inspired hope and courage and secured the full cooperation of the patient in carrying out a prescribed regime necessary to the favorable action of medicines. His achievements were beyond those of ordinary men, and he won more love than money.

Rarely did his heart speak, except to those suffering and temporarily dependent; but he said to a friend that the sympathetic, sustaining ministrations of his wife and daughters, and the waiting home they always kept for him, were his armamentarium against the assaults of wakefulness and fatigue. His "man," Mr. George Smith, served him with filial loyalty; closer than business relations there existed between them mutual confidence and affection.

Never were his greatness and grandeur more impressive than in the closing days of his life. Tennyson's "Crossing the Bar" fittingly describes his calmness and readiness. There is no doubt that he foresaw the end, and looked undaunted into the open grave. Unexpressed in words his mind was an open book. Sensible of human limitations he looked back upon a successful life with nothing to regret. With the helplessness of childhood there came also the sense of its faith, its innocence and peace.

Except what seemed to be a slight ailment of the stomach he said that he was at the zenith of his powers and fully developed capacities, and that he had done more work in the last two years than in any like period hitherto. His remarkable ability for work was equaled by his love for it. Without oppressing anyone less fortunate than himself, never straining any principles of honor or manhood, by faithful, conscientious work he had won success, and all that the word can mean was his. Widespread before him were bright prospects of merited enjoyment, leisure and recreation.

Influence, power and prestige he used for the common good. Surrounded by friends and the affection of dear ones—everything that the heart of man may desire he had in full measure but a few days ago. Now, all but love was fast receding, and this he witnessed without murmur or regret. Something had awakened within him to take the place of all these, he had heard the Divine welcome, "Well done, good and faithful servant," and with confidence he turned his face from the fading scenes of earth.

A friend at Albuquerque closed a recent letter thus: "The

one sure proof of immortality is that we have neither the time nor the opportunity to cultivate our friends." This pleasure, particularly, the doctor could not allow himself, yet none than he was ever more loyal to friendship. He obeyed the Golden Rule, and exemplified the principle that:

"Man's best things are nearest him—

Lie close about his feet."

In devoting his time and strength to the alleviation of suffering he laid himself a willing sacrifice upon the Altar of Humanity.

The wisdom of the ages teaches us to believe that intermingled with the cadences of cheer and affectionate ministrations he heard strains of celestial music. That with his heart's farewell retrospect of the fields and flowers familiar to his eyes he saw beyond these the Elysian Plains radiant in armaranthine loveliness.

Love could not divide with him his suffering of pain, and great weakness more distressing than pain, he trod the wine-press alone; and heard, let us believe, as the rapt and parting soul may hear, the call to eternal strength and happiness.

N. HAYES, Seneca, Kansas.

## CLINICAL NOTES

When the temperature stays up after the reduction of the joint symptoms in acute rheumatism look for myocardial or endocardial inflammations. —Ohio Medical Journal.

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A diffuse swelling of the orbit, moderate exophthalmos, intense pain and tenderness and marked edema, mean an infection extending deeply into the orbital planes. Unless early treatment is instituted, the eyesight may be lost, or the infection may extend along the course of the optic nerve resulting in meningitis or sinus thrombosis. Wherever there is fluctuation, early incision is necessary; and free drainage of the infected area is of paramount importance—American Journal of Surgery.

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**What Everybody Ought to Know About Smallpox.**—That smallpox, variola, varioloid, swine-pox, Cuban itch, elephant itch. Philippine itch, and the "bumps" are one and the same thing.

That it is caused by a germ, or micro-organism, or microbe, or "bug," if you please, and that only. It is never caused by filth.

That it does not generate spontaneously, but that each case comes from some other case. That it does not travel through the air, but that in order to contract it, one must come in direct con-



tact either with a case of smallpox or bedding, clothing, or some material that has been in contact with the patient.

That a severe case may be contracted from a mild one, or conversely, a mild one may be contracted from a severe one. That both sexes, all ages, and all races, are susceptible to the disease. That there is no known way to prevent pitting except to prevent the disease altogether. That the eruption is usually worse in the face, especially across the middle zone, so that when pitting occurs it is apt to be there. That smallpox is a preventable disease—no man, woman or child need have it that chooses not. That vaccination is the only known safe-guard against it. That vaccination does not merely make the disease milder, but prevents it altogether. That in a few cases, however, one attack of small pox or one successful vaccination produces only a partial immunity, and that in such case the individual may subsequently contract smallpox or be successfully vaccinated again.

That the only way to know that you will never have smallpox is to be vaccinated again and again till it will no longer take. When thus immunized, one may eat with it, sleep with it, or live with it, with absolute safety.—Michigan State Medical Journal.

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**Gastrointestinal Disturbances of Arterio-Sclerosis**—J. J. Gilbride, Philadelphia (Journal A. M. A., March 20), calls attention to the disorders of the digestive tract due to general or localized arteriosclerosis. Within a few months he has treated ten cases of this class, several of which he reports in this paper. The patients are usually over 40 years of age. The symptoms are generally, first, abdominal pain, paroxysmal in the beginning, later becoming continuous, and next to this in frequency is weakness and sometimes loss of weight, the latter being due, in part, to the dieting for the dyspeptic symptoms. Abdominal distention and belching are often present and the association of dyspeptic symptoms with weakness and loss of weight may cause suspicions of malignant gastric disease. The appetite may be normal, increased or decreased, the bowels are variable, the urine is frequently lessened in amount and some patients suffer from vertigo and a few from visual disturbance. It is important to determine the blood pressure, and to some extent this can be estimated by the amount of pressure necessary to arrest the pulse in the radial. It is advisable also to analyze the gastric contents. The treatment in the cases reported is given as ten drops of tincture of strophanthus three times a day and theobromin sodium salicylate, five grains, three times a day. In one case dilute hydrochloric acid, ten drops three times a day,

was also given. An analysis of the conditions in the various cases is given as follows: "The conditions of gastric functions in four of those cases were: motility increased in three; free hydrochloric acid, a trace in one and absent in two, normal in one; absence of lactic acid in all four, and no Oppler-Boas bacilli found. Peptic digestion was not determined in those cases, but I made an anyalsis in one case recently and found peptic digestion to be normal, although hydrochloric acid was absent. In one patient (Case 3) no gastric analysis was made. Weakness and loss of weight are prominent symptoms in some cases. The abdominal aorta was tender in all the cases. The association of pharyngitis in two cases is of interest as its symptoms had been misleading. Gastropotosis or visceropotosis was present in only one case. In some cases nitroglycerin or the nitrites give relief when other remedies are of no benefit. All of the patients whose cases are reported had been dieted and drugged for dyspepsia without relief."

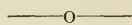
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**Diphtheritic Conjunctivitis.**—Two cases of diphtheritic conjunctivitis, one of them fatal, are reported by M. Bertola, San Francisco (Journal A. M. A., January 16), who thinks this complication more frequent than is generally supposed. The fatal case was secondary to tonsillar infection and was first seen in an advanced stage of the disease. The other seemed to be a primary infection, and the patient recovered with the administration of two doses of 4,000 units each of antitoxin. The diagnosis is easy with the microscope, and the treatment is that of other diphtheritic infections—the use of antitoxin. The importance of early attention to all cases of "running ears," "sore eyes" and "discharging noses," especially in school children, as possible causes of diphtheria epidemics is emphasized by the author.

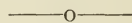
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**Resuscitation of the Apparently Drowned.**—The Royal Medical Society of London have enunciated for the police force the following principles in the treatment of apparently drowned persons: (1) The prone position favors the escape of water, and of the mixture of water, mucus, and other secretions, through the mouth and nose, which, when present, play so important a part in drowning. (2) A larger amount of air can be made to pass in and out of the chest by pressure and relaxation applied in Professor Shafer's manner than in either of the others. (3) Upward pressure on the diaphragm is more effectually obtained by it than by the other methods and exerts more direct pressure on the heart, thus stimulating it to action (The value of such stimulation of the heart has not, in the opinion

of the committee, received sufficient attention in the older experiments on living animals.) (4) There appears to be less risk of injury to the chest, the liver, and the other abdominal organs from pressure exerted according to Professor Schafer's directions than by Sylvester methods, which, has, in inexperienced hands, led to fracture of ribs, and not improbably to rupture of the liver.—Medical Standard.



**Operative Treatment of Varices in Ulcers of the Leg.**—Dr. G. Friedl (*Archiv f. Klin. Chirurg. Bd. 86, Hft. 1*), believes that in the treatment of varices the most reliable measure is excision of all varicosities, which, however, is only feasible if they are not adherent to the skin. In mild cases ligation or resection of a portion of the saphena vein may be sufficient. In the most severe, however, in which there is often present a marked edema of the leg, spiral incisions as practiced by him have proved very useful. His method consists in making incision through the skin of the leg from the malleoli to just below the knee, making five or six turns around the limb. The edges of the wound are then strongly retracted and all visible veins are ligated. The wound is firmly tamponed and special attention paid in the after-treatment to secure deep cicatrices which by pressing upon the venous trunks interrupt the circulation. The after-treatment is very tedious.



**Treatment of Eclampsia.**—H. D. Fry, Washington, D. C., (*Journal A. M. A.*, December 12), pleads for prompt evacuation of the uterus in cases of puerperal convulsions. Eliminate pregnancy, he says, and we cut off the source of the toxemia and are in a position successfully to eliminate the poison which has collected in the system, if it has not already gone too far and produced irreparable visceral lesions and damage to the nervous system. The frequency and extent of these lesions bears a close relation to the number of convulsions, hence the importance of early treatment. Since this method has been adopted at the Columbia Hospital, Washington, and in Fry's private practice, he can report 15 cases of eclampsia and one of pre-eclamptic toxemia with only one maternal death, and this last was of a patient practically moribund before the treatment was undertaken. The methods employed to effect prompt delivery were: vaginal Cesarean section in 12 cases; manual dilatation and forceps in 2; multiple incisions, manual dilatation and forceps in 1; symphysiotomy and forceps in 1. Two cases are reported. The infant mortality is, of course, high by this treatment of immediate delivery, but not more so than with other methods. The mortality

of full-term infants was 40 per cent. and of the premature 80 per cent. It is a fair inference to make that still prompter treatment could have lessened the infant mortality.

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**Magnesium Sulphate in Treatment of Tetanus.**—R. T. Miller, (Amer. Jour. Med. Sci., Dec., 1908.), who reports a recovered case of tetanus which had been treated by magnesium sulphate subarachnoid injections, summarizes fourteen cases now on record in which this salt has been used. Of eleven cases treated by subarachnoid injections, 5 have recovered, a mortality of 55 per cent. This result is encouraging, as almost all the cases in the series were of that type of tetanus which usually proves fatal; 3 cases were treated by subcutaneous injections, none of them of severe type, and there were three recoveries. The author concludes that by the use of magnesium sulphate it is possible to achieve complete muscular relaxation in almost all cases of tetanus; from the report of results there seems to be a distinct benefit to the patient in this condition in that it prevents the rapid exhaustion due to convulsions and in most instances it has been possible for the patient to take nourishment. While there is comparatively little clinical evidence upon which to base general statements, yet it seems possible to avoid the dangerous effects of an overdose of magnesium salts (paralysis of respiration), and it is likely that when the technic has been worked out thoroughly the treatment will offer a possibility of saving a great many patients with tetanus who at the present time are given up as hopeless at first sight.—Colorado Medicine.

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A slowing of the pulse in cases of mastoiditis and acute otitis media may be a prodromal sign of intracranial complications.—International Journal of Surgery.

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A sudden rise of temperature or a chill two or three days after fracture of the ribs always points to injury of the lung and the development of pneumonia.—International Journal of Surgery.

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## BOOK REVIEW.

**Surgery:** Its principles and practice. The fourth of a series of five volumes edited by Keen of Philadelphia, is just off the press of Saunders and Co.,

This volume contains 1194 pages with 562 illustrations and 9 colored plates. And keeps up the excellent standard in the matter



of printing binding and illustrating set by the publishers in the previous volumes of this set.

Volume 4 includes the surgery of the intestines, rectum, hernia, genito-urinary organs, eye, ear, military, naval and tropical surgery.

The surgery of the intestines is divided between men who have made a specialty of intestinal surgery. Murphy treats of the surgery of the appendix in his usual clear and comprehensive manner and leaves little to be desired. Robert Abbe of N. Y. devotes 150 pages to the surgery of the rectum and anus while Weller Van Hook and Allen B. Kanavel of Chicago deal with the rest of intestinal surgery, mesentery, small intestines, diverticula, colon cæcum, giving about 100 pages to it. The eye and ear specialists will be interested in the chapters on the ear by E. B. Dench and on the eye by De Schweinitz, each of whom have excellent monographs on their respective subjects. Military surgery is given by Gen. Robert Oreilly and naval surgery by surgeon General Rixey. One fails to see why tropical surgery should be considered in a separate chapter until he reads what McCaw has to say about the difference in the conditions surrounding tropical surgery and its effect on the results. Coley devotes 100 pages to a thorough consideration of hernia in all its forms and does not waste a word. The genito-urinary surgery would make a respectable book by itself not only because of the quantity (over 5350 pages) but because of the quality and thoroughness of treatment. Edsall opens the subject on the examination of urine in relation to surgical measures, Ransahoff, of the medical College of Ohio, deals with the surgery of the kidney, ureter and the adrenal gland, Bransford Lewis with the general surgery of the bladder, A. T. Cabot with stone in the bladder, H. H. Young of John Hopkin's with surgery of the prostate, Orville Horwitz with surgery of the penis, urethra, and Bevan with the surgery of the scrotum, testicle, spermatic cord and seminal vesicles-truly an array of talent on a subject that is usually neglected in general surgeries. The last chapter is a general one of much importance on surgery as a whole-time influence of age, sex and race in surgical affections by Wm. L. Rodman, of Philadelphia.

It is evident that the book is a series of monographs by men who have made specialties in their respective subjects and if each monograph were brought separately it would cost double the price of the single volume. This volume, like the preceding ones appeals not only to the general surgeon but to the army men through the chapters on military, naval and tropical surgery and to the specialist through the chapters on the eye and ear

S. C. E.

# THE JOURNAL OF THE Kansas Medical Society.

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## PRESIDENT'S ADDRESS.

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C. C. GODDARD, M. D., Leavenworth, Kansas.

Read Before the Kansas Medical Society, May 5, 1908.

The great subject of tuberculosis, is the vital question of the day; all others sink into insignificance beside it. The pertinent question is, how is it propagated and how did it originate, who are its victims, and what are its manifestations, how can it be guarded against, and, finally, how should it be treated when we find ourselves selected for the ordeal? As to its origin we know not; from the time that Semiramis ruled in Babylon, or the cycle that saw Memmon rear aloft his mighty monuments of stone, of the age that recognized Darius as king, down to the present epoch, the great white plague has been the curse of man.

From a myth we learn that Ahasuerus denied the Christ a cup of cold water and a seat at his door, and with curses and with vilifications ordered him to "tarry not, but to pass on", and He of Nazareth remarked, to him as he resumed His weary load, "Do thou, Ahasuerus, tarry till I come again; thou shalt never die, but shall wander over the face of the earth carrying plague and pestilence wherever thou shalt go. Further intercourse thou shalt not have with any of thy kind, and the only being thou shalt ever be recognized by is Herodias, the accursed of God."

The creed goes on to say that, with cries of fear, Ahasuerus disappeared from human ken, and that he journeyed constantly to the different confines of the world, and that once in every age of man he reaches the poles of the earth, and that there, across an impassable chasm, he and Herodias, by the aid of the Aurora Borealis, behold each the other, and by means of gestures of woe and helplessness hold the only intercourse permitted them by an outraged Providence.

Their meeting is of short duration, for the spur of "go thou on" causes this wandering Jew to begin anew his weary and oft-repeated journey across the face of the earth. It says that, as he wanders across the great frozen steppes of the North, and again approaches the abodes of man, his passage is known by the plague that appears in his wake. As he crosses the torrid zone, cholera dogs his footsteps, and again in the crowded East, plague and pestilence are left behind. And so we might, by extending this tradition, say that amongst others of the curses sown by him he has originated the planting of the bacillus of tuberculosis throughout the now civilized world.

Be that as it may, we of this twentieth century know that the disease is propagated by a minute, microscopic germ called the bacillus of tuberculosis. We also know that the disease is disseminated entirely by this organism and that those afflicted by the malady can communicate it to their fellows as readily as smallpox or diphtheria can be transmitted. This germ can be acquired from the breath, sputum, germ laden air of places of amusement, churches, hotels, sleeping cars and from the excreta of the animal bodies, and can be acquired in no other way. Whole families die of it because it is in the homes, and the germ lies in wait for those of the right organization for its acquirement.

This bacillus seems omniscient and omnipresent at the present time; no matter what may have been the mode of its original inception the fact remains that it is being rapidly multiplied by the seeming indifference of man. The cow, the hog and fowls of the air, as well as the fly and mosquito, have obtained it and industriously disseminate it for everyone to acquire.

We may, and probably most of us are at this moment, harboring it in our mouths, throats or intestinal tracts, and the only reason we do not all suffer from its many manifestations is because an all-wise Providence has placed within our economies a little atom, millions in number, that wards them off and prevents them entering into our being. If by any chance this band of valiant warriors are put off their guard, even if but for a moment, and their resisting power is obtunded, the thief enters in and proceeds to locate somewhere and rapidly begin their work of obstruction.

We may obtain this germ in all manner of ways, even by the kiss of a wife, husband, sister, brother or sweetheart, from drinking cups in public places and on railway trains, steamboat lines—everywhere the danger lies ready to take possession and begin its work of destruction and death. All railroad and steamboat disasters, tornadoes, cyclones, earthquakes, all the known wars of the

civilized world, all combined for the past 100 years have not claimed one-tenth of the lives that have fallen to the cycle of the Great White Plague for the past decade; as the sower has reaped so the reaper has garnered the crop of human lives. Just think of it—one death every four minutes of time—every four minutes somewhere some place, from some fireside a life is snatched, a soul wafted home. Just think of it, one every four minutes—fifteen every hour—360 every day—10,800 every month—1,500,000 every year pass to the great unknown and join the great majority, and this death rate has been going on from time immemorial, and the people of the earth have looked on helplessly and hopelessly, until apathy benumbs their faculties and the belief that where its manifestations were realized the victims considered Kismet and hope was left behind.

“In the beginning God created the heavens and the earth; and the earth was without form and void; and darkness rested upon the face of the deep; and God said, ‘Let there be light,’ and there was light.”

In feeble imitation of that sublime event the great international tuberculosis congresses have attempted to bring the light of hope to a despairing world, and thousands already hail the star with peans of thanksgiving. Thousands of men and women are giving time, work, money and in many instances, their lives as well, to bring hope and comfort to the human race, and today there is no reason for anyone to be without hope, unless they desire to die in their old beliefs and superstitions. “He who runs may read,” the teacher is abroad in the land; let him who will take heed, for there is no reason why, within the next decade, tuberculosis shall not be placed in the list of easily eradicated maladies.

Many believe in and harp on heredity, and refuse to battle, taking to heart the biblical teaching that the “sins of the father shall be visited upon the son to the third and fourth generation.” We today know that this is simply the drivel of ignorance. Often has the family physician fostered this idea.

There is no such thing as inheriting any disease as such—what we do inherit is simply the predisposition to acquire disease when exposed to infection.

We inherit the lack of resisting power. The curse of a weak, fragile makeup is inherited without a doubt.

The germ of tuberculosis is propagated by promiscuous expectation of those having the disease and by sleeping with non-infected people. One who would strenuously object at being asked to sleep in a room with a case of smallpox, will do so without a word



where it is a case of tuberculosis. The reason that whole families die of this dread disease is because the members thereof, with their respective susceptibility, are exposed daily and hourly to germs that are being thrown off by some member of the family in a more or less advanced stage of the malady, no precaution whatever being taken by any of the family, to escape infection.

This is due to dense ignorance of the human family, for none of them need die, or even have the dread disease, if ordinary precautions are taken. Ninety per cent of all cases can recover, if handled aright, in the stage of inception; then it behooves us to see that those so afflicted are made to understand how to care for themselves, and at the same time protect their fellows. Early recognition of the disease is greatly to be desired; this is not easily done, and when the family doctor allows cases under his care, to go so far as to show the bacilli, he is derelict, either in attention or education. There are so many symptoms that precede the throwing off of the germ—when we find the germ we know that it has gained entrance into the tissues of the body, and that, as we call it, a depot or foci, is present and from some cause has been disrupted, and is scattering the accumulated bacilli throughout the system.

Some of the early symptoms of its invasion are as follows: A peculiar tired feeling, flashes of heat and cold, clammy hands and feet, followed by burning sensations of the same, headache, lassitude, weariness on the least exertion, fever more especially of afternoons, coated tongue, foul breath, disturbed sleep, irregular appetite, nausea, steady loss of weight, constipation or diarrhoea; pessimistic views of life, even mild melancholia—any such a class of symptoms should cause alarm and a test should be made. This is done by vaccinating the arm with both the human and bovine viris, and the installation of a drop of tuberculin inside the lids of one eye. If from either or both of these we get reaction—that is, more or less redness of the eye inside of twenty-four hours, and a typical vaccine action of the skin we can say, without doubt, it is a case of incipient tuberculosis.

Perhaps the case may have gone a little farther and the germ is found—even still farther and the cavity is found—even farther and the third stage is reached—what shall we do.? Why, hope ever; never give up—the treatment is materially the same, no matter what the stage. In the first stage the treatment consists in explaining to the patient the necessity of isolation, so far as sleeping is concerned, care of the sputum, which must be destroyed at least twice a day—never to expectorate on the ground, walk or in cuspidors unless the latter contain some formalin solution—to have

their own drinking cup and toilet articles—but above all, to rest, rest, rest, systematically rest—to rest until all fever has entirely subsided—to sleep in the air, staying the air, eat in the air, dream in the air, and never to sleep in a room without the air has free access therein and never sleep with the windows closed. First, gradual exercise is taken after the fever is gone and weight is increasing. Riding is better than walking for a time, then walking is gradually increased from a few yards at first up to several miles at the end. Nourishing food, raw eggs between meals, starting with one twice a day, gradually working up to nine or a dozen a day—good milk all the time, cream and butter, in fact all good nourishing food will do the work. Have him beware of all calisthenics, skating rinks, dancing halls or parlors, crowded rooms of any descriptions. This can be done at home—sleep in the air and get rid of your night phobia—in fact, get down next to nature and live right.

Now, this is all right for those who can carry out the plan, but there are others who cannot do so and they are a menace to their fellows. Now, what shall we do to protect ourselves from this class that cannot protect themselves?

We readily spend vast sums to provide for the deaf, blind, insane and imbecile unfortunates, and erect institutions where they can be intelligently and scientifically cared for in a humane manner, and by so doing return as useful and educated hundreds to society and their loved ones at home.\* Then why shall we not establish public sanatoria for the care of those financially unable to carry out the treatment necessary for the cure of tuberculosis?

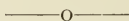
Thousands of lives annually could be saved for the upbuilding of society and the state; returns in dollars and cents to the state would be enormous, to say nothing of the horrible sufferings to thousands being mitigated—even the change of view of the poor consumptive from one of black, hopeless despair, to a rose-tinted vision of hope is certainly to be reckoned as something greater than dollars and cents.

So far as climate is concerned there is everything that could be desired within the boundaries of our goodly state and people can get well here as well as in any other locality. There is an abundance of God's free oxygen to be had in Kansas, and patients do better near their homes, if not in them, than when sent afar.

State sanatoria located anywhere on the billowy prairie of the west and south of Kansas, where God's healing oxygen abounds in untold quantities and heaven's blessed sunshine illumines the earth, can reap great harvests of lives saved from the grim reaper's untimely sickle, and multitudes of grateful recipients of your bounty

will sing paens of praise for your benefaction. Is this not a goal worth the striving for?

Then let us break through this old time apathy handed down by departed progenitors, and come into the light of hope and usefulness to our fellows. Let us put our shoulders to the wheel and with a hip hurrah push the car of life from out of the slough of apathy and pessimism into the glorious light of optimism, and provide a chance of life and hope to our less fortunate fellow man, so that, when we arrive before the final bar of an allwise Providence, He may be pleased to say unto each one of us, "Well done, thou good and faithful servant."



## THE TECHNIC OF SKIN GRAFTING.

N. C. MORROW, M. D., Altamont, Kansas.

Read Before the Kansas Medical Society, May 6, 1909.

Although properly belonging in the realm of minor surgery, there is perhaps no operation which is approached by the average operator with so much uncertainty as to technic and final results as is skin grafting. And yet when properly done under suitable conditions skin grafting is a simple procedure, and may be expected to give satisfactory results. In dealing with this subject, the first point to be considered is the area to be grafted. Skin defects which have been produced under aseptic conditions, as in the removal of extensive malignant growths, may be grafted immediately; the only preparation necessary for the area to be grafted is to secure absolute hæmostasis. Or the denuded area may be dressed aseptically for a few days until granulation tissue has developed, and the grafting done then. Either method will give good results, and circumstances must determine which shall be used in any given case. Such cases however form but a small percentage, of those to be grafted. The great majority of cases result from burns, scalds, crushing injuries or severe localized infections. In these cases the preparation of the denuded area is of the greatest importance. The first consideration is to secure practical surgical cleanliness. By this I do not mean absolute asepsis as most of the text-books state because any procedure vigorous enough to destroy all the bacteria in such a free secreting surface will at the same time destroy the delicate newly formed granulations. However we may destroy the pyogenic bacteria, leaving only the more resistant but harmless prophites, which will not interfere materially with

the development of our grafts. Powerful antiseptics are of undoubted value in the early treatment of infected wounds, but they must be discarded some time before the contemplated grafting. Under no circumstances is the use of dusting powders or ointments to be tolerated immediately before grafting. After the acute infection has subsided, and as a dressing during the sloughing stage, if sloughs are present, there is no method so satisfactory as the use of very large boric dressings. But unless properly applied these dressings are of little value. In the first place they must be large enough to absorb the wound secretions, and also to retain moisture for some time. As a general rule, the larger the better. But in any case at least 40 layers of aseptic gauze soaked in a saturated solution of boric acid should be applied directly over the denuded surface. This is to be covered with a generous layer of absorbent cotton, and the cotton in turn covered with a layer of oiled silk or other impervious material to prevent evaporation from the dressing, and the whole held in place by a suitable bandage. The dressings are not to be changed oftener than once a day, and unless secretion from the wound is profuse, once in two days will suffice. By using this method of dressing and avoiding unnecessary manipulation of the wound when the dressings are changed, there is practically no danger of infecting the deeper tissues, and as the slough separates the raw surface will be found covered with firm highly vascular granulations; and ideal surface for grafting. When the last dressing is removed, every effort should be made to protect the granulating surface from injury. Histological studies have shown that any layer of blood or serum which may lie between the grafts and the granulations delays the development of the grafts just so long as it takes to absorb the interposed material. Further, any attempt to cleanse the surrounding skin should be done in such a way as not to disturb the granulating surface. The bacteria contained in the dry boric powder at the sides of the wound can do no harm if left alone, but they may do much harm and materially affect the results of the grafting, if by vigorous scrubbing with soap and water, or antiseptic solutions they are freely distributed over the field of operation.

Sometimes if the dressings have been improperly applied, or the secretions have been especially irritating, the granulations are found to be too profuse, high above the surrounding skin, but pale, soft and boggy. Under these conditions it is best to curette away the exuberant granulations down to the firm and under-lying tissues, and dress the wound as above described for a few days until firm, healthy granulations have developed, before attempting to



graft. Grafts implanted on a freshly curetted surface sometimes develop, but often the results are unsatisfactory.

The next point to be considered is the grafts themselves. In practically every case it will be possible to obtain the grafts from the patient himself. The importance of so doing cannot be too strongly emphasized, for grafts taken from any other individual are much less likely to be successful. Recent investigations concerning the hostility of tissues to alien cells seem to offer an explanation of this well-known clinical fact. Moreover, when grafts are cut as thin as they should be, only a part of the epithelium is removed, and the damage done is trivial. The grafts may be cut from any convenient site; the anterior and lateral aspect of the thigh usually being the most easily accessible. This surface should be thoroughly cleaned the day before operation; and an aseptic, not antiseptic, dressing applied over night. Here as on the surface to be grafted it is important to avoid the use of strong antiseptics, which may do more injury to the delicate epithelial cells than to the bacteria they are supposed to destroy.

In cutting the grafts, the first requisite is a very sharp cutting instrument. A good razor is preferable to a knife for two reasons; First, the steel in it can be depended on to take a better edge than most knives; Second, its broad surface is an ideal receptacle for the grafts while they are being transferred to their new location. As boiling tends to dull sharp instruments, sterilization by means of carbolic acid and alcohol is to be preferred. While cutting, the skin must be held absolutely fixed; best by an assistant making lateral traction with both hands, while the operator makes traction in the line of incision with his free hand. As each graft is cut, it is transferred directly to the denuded surface. This is a much simpler and quicker procedure than first transferring the grafts to normal salt solution; and moreover, even the most carefully prepared solution may not be entirely harmless. The grafts should be made to cover the entire denuded surface, because the secretions which so often cause trouble after the grafts are in place come mainly from small uncovered areas; and the less the uncovered area left at the completion of the operation the less the trouble with subsequent secretions. In cutting the grafts, it is important to include the deeper layers of the epithelium with as little as possible of the under-lying corium. This is not difficult to accomplish if one remembers that properly cut grafts have a translucent, pinkish appearance, while if too much of the underlying connective tissue is included, they have a whitish, opaque appearance. Although these thicker grafts sometimes live and do well, they are the ones

which so frequently appear to do well at first, only to undergo autolysis and disappear later on.

The third point to be considered is the after-care of the grafted area. Here two important points must be kept in mind; First, the grafts must remain at absolute rest on the granulating surface; Second, irritating secretions must not be allowed to remain in contact with the grafts. In many cases where we have a clean granulating surface with little secretion, the open air method gives most satisfactory results. A piece of sterilized wire screen supported by cotton or gauze pads is placed over the wound and fixed by a bandage; over this are placed one or two layers of gauze to prevent dust from settling on the wound. The dried secretions are carefully removed each day, and no further attention is necessary. However in many cases the granulating surface will continue to secrete freely in spite of all we can do. If the open air dressing is used in such a case, the secretions will promptly float the grafts from their place and they will soon die. The narrow rubber tissue strip dressings, so often used, are tedious to apply and, while they retain the grafts in good position they do so no better than gauze; they cannot absorb secretions, and there is no special advantage gained by their use.

Perhaps the simplest and most satisfactory dressing, one which meets all requirements and is always at hand, is the plain gauze dressing. A pad consisting of forty to fifty layers of dry gauze is cut to fit accurately the grafted area and held in place by adhesive strips. Over this is placed a layer of cotton and a bandage. The dressing is not disturbed for five or six days, when with reasonable care it may be removed with no danger of injuring the grafts. Such a dressing holds the grafts in place and at the same time absorbs any irritating secretions. By the time we are ready to remove the first dressing, the deeper essential layers of the epithelium will have become fairly well fixed, while the superficial cornified layer of the skin which was included in the original graft has become separated from the living epithelium; thus making the adherence of the gauze to the superficial layer of no importance. After the removal of the first dressing there will usually be, for several days, a rather profuse secretion from the uncovered parts between grafts, and during this time the dressings should be changed every second or third day.

Further, it is important to keep the grafted parts at rest for ten days or two weeks, and if done on any extremity, the same should be elevated; because congestion is detrimental to the success of the grafting. After the skin defect is entirely closed, it is well to protect the new skin carefully for some time.

In conclusion, let me briefly sum up the various steps:

**First**,—graft only on a freshly cut, aseptic surface, or on healthy granulation tissue; without curetting or otherwise disturbing the surface.

**Second**, avoid the use of strong anti-septic solutions on the graft or on the denuded area directly before or at the time of grafting.

**Third**, take grafts from the individual to be grafted.

**Fourth**, spread the grafts directly on the denuded area, and see that the entire surface is covered.

**Fifth**, a plain gauze dressing, if properly applied, meets all requirements, and is the simplest and most satisfactory to use.

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## PENETRATING ABDOMINAL WOUNDS.

DR. R. C. LOWMAN, Kansas City, Kansas.

Read Before the Kansas Medical Society, May 6, 1909.

This paper is not intended to be an exhaustive discourse on the subject, but simply to give the most important points in the commonest abdominal injuries, namely, gunshot and stab wounds of intestines and stomach.

As we all know these are among the most fatal of injuries and a recovery after operation is almost always a life saved, so it behooves all of us to be in condition to do the best possible for these cases.

There are a number of cases on record where a bullet has traversed the abdominal cavity without serious lesion to any intra-abdominal organ, and with perfect recovery of the patient, but these only comprise about three to five per cent of all cases, and to me furnish no guide of non-interference. Gunshot wounds above the umbilicus and pursuing an antero-posterior direction, are the least likely to cause trouble, while those following a transverse course almost invariably produce multiple perforations of the intestines.

Stab wounds are a little less likely than gunshot wounds to produce intra-abdominal injuries, and one is justified in taking slightly greater chances with them.

An empty and comparatively aseptic condition of the intestinal tract predisposes to less danger of perforation, and in case such does occur there is less liability to extravasation of intestinal contents, and subsequent peritonitis.

The symptoms of penetrating wounds of the abdomen, when any are present, are those of hemorrhage and peritonitis. The

signs of severe abdominal hemorrhage are pallor, faintness, small, rapid pulse, yawning, restlessness, sweating, vomiting, shallow respiration, thirst and cold extremities.

The supervention of foregoing symptoms call of course for immediate and rapid interference.

In the ordinary case of gunshot or stab wounds of the abdomen we naturally expect to find shock, vomiting, pain and gaseous distension. Yet all these symptoms may be absent in cases with multiple perforations, or may be present in cases of non-penetration or simple contusion. The vomiting of blood would almost always mean perforation of the stomach. The accumulation of considerable blood and fluid in the most dependent portions of the abdominal cavity would give rise to the physical signs characteristic of such a condition.

Extravasation of stomach or intestinal contents through the external wound proves conclusively that perforation has taken place but such an occurrence is rare, and very little dependence can be placed on the absence of this symptom.

In regard to the diagnosis, it appears to me that practically 95 % of cases of gunshot wounds of the abdomen require exploration under an anæsthetic, especially if seen soon after the accident. The wound of entrance should be very carefully enlarged and traced down to the bottom and if it extends through the peritoneum the indications for a laparotomy are plain. If we occasionally open an abdomen for a wound that has produced no serious lesion we do much less harm than if we let a number of cases develop peritonitis and die, just because there were no pronounced signs of serious trouble when the patient was first seen.

Senn's hydrogen gas test may aid in making a diagnosis, but is not used much in this part of the country. It requires a special apparatus, consumes time, is supposed to increase fecal extravasation, and is not infallible as prolapsed mucous membrane and feces may plug a small opening and not allow the gas to pass out of the bowel.

**Treatment.** The medical treatment is opium, perfect quiet, no food by mouth and small rectal feedings. This treatment it is needless to say results in a large mortality rate.

The operative treatment consists of doing the work as early as possible, stopping hemorrhage, closing perforations, cleansing abdominal cavity, draining when necessary,, and suture of the incision. If patient has developed well marked peritonitis, operation is almost useless, though an occasional case may be saved.

The incision in the large majority of cases is made in the me-



dian line, as this gives best access to all parts of the abdominal cavity. If the wound of entrance is well over to one side and it is reasonably certain that the bullet has not pursued a transverse course, then the incision should be placed over the wound of entrance. After opening the abdomen one should ascertain if hemorrhage is still going on. In order to do so, blood already present should be rapidly sponged out and notice taken how rapidly it re-accumulates, if at all. Hemorrhage of course can come from any of the intra abdominal vessels, but most often, from my experience, from those of the mesentery. If source cannot be immediately ascertained it may be wise to have assistant make compression of the abdominal aorta just below the diaphragm to temporarily suppress the bleeding until one can get things ready for search for bleeding points. I am in favor of next doing a rapid eventration of intestines, covering them carefully with hot towels, these towels being kept hot by application of others at frequent intervals. I know many authorities advise against this procedure, as it increases shock, but it has several advantages which to me outweigh the disadvantages. One can begin at some certain point, generally the ileo-cæcal junction, and rapidly remove the intestines, both the assistant and operator keeping sharp watch for any intestinal or mesenteric perforations. If hemorrhage is not profuse each perforation may be closed as found, otherwise their number and location should be noted and repair made after hemorrhage is checked. By doing eventration one can inspect carefully all parts of empty abdominal cavity, hemorrhage from kidneys, liver, pancreas and spleen is more easily detected and checked, urinary perforations can be seen and mended, and entire cavity can be thoroughly cleansed and intestines and mesentery cleansed as replaced, thus lessening greatly the danger of subsequent peritonitis. A great deal of the shock connected with the operations comes from the prolonged manipulation and loss of bodily heat as well as from handling intra-abdominal organs. Eventration tends to much quicker and more thorough work and thus lessens one factor in shock production, and strict attention to keeping bodily surface warm during and after operation eliminates another large portion of the ordinary shock.

Wounds of the kidney should be treated by ligature or mass suture, a drain being brought out of the lumbar region and the peritoneum closed over the anterior surface of the kidney. Very extensive lacerations may demand nephrectomy.

Bladder wounds should be carefully repaired by interrupted sutures extending down to, but not through, the mucous membrane.

Wounds of the spleen should be treated by ligature, suture or plugging with gauze, the end being brought out of the wound. If the hemorrhage does not yield to these measures a splenectomy may have to be done.

In liver wounds mass suture applied just tight enough to check hemorrhage ordinarily works best, though the actual cautery may be of some use, and plugging with gauze is often resorted to, the end being brought out of the wound.

Small intestinal perforations are most easily and quickly closed by a purse string suture of fine silk. A round sewing-needle is used, and one should try to include the tough sub-mucous fibres. Larger perforations require interrupted sutures of the Lembert type, using four to six to the inch. By using a mattress suture one can work a little more rapidly. These larger perforations should be closed transversely to the course of the intestine, in order to avoid contraction of its lumen. Wounds even  $1\frac{1}{2}$  inches in length on the convex border may be closed in this manner, but on the mesenteric side much smaller ones call for resection, because of cutting of the blood supply from the corresponding amount of intestine, and the danger of producing an angulation which would cause obstruction of the bowels.

Resection of the bowel is often necessary where several perforations are so close together that suture of them would produce too great narrowing of the intestinal lumen. Resection should be followed by end to end or lateral anastomosis by means of the Murphy button or suture.

Contused spots in the intestine are liable to slough and should be treated as perforations.

As regards flushing the peritoneal cavity and drainage, opinions are divided, a few never irrigating and hardly ever draining. I think it is best to flush the cavity thoroughly with salt solution if there has been much fouling with feces, if not much fouling I trust to sponging alone. Drainage is used with the same indication and also if there is likely to be much oozing from the liver or kidney wounds, or, one is a little uncertain about thoroughness of repair in some location difficult of access.

The after treatment is much the same as after other operations, involving the intestinal tract. Shock should be combatted, no food should be given for 48 hours, unless small amounts of hot water, or hot water and whiskey after the nausea from the anæsthetic has passed off.

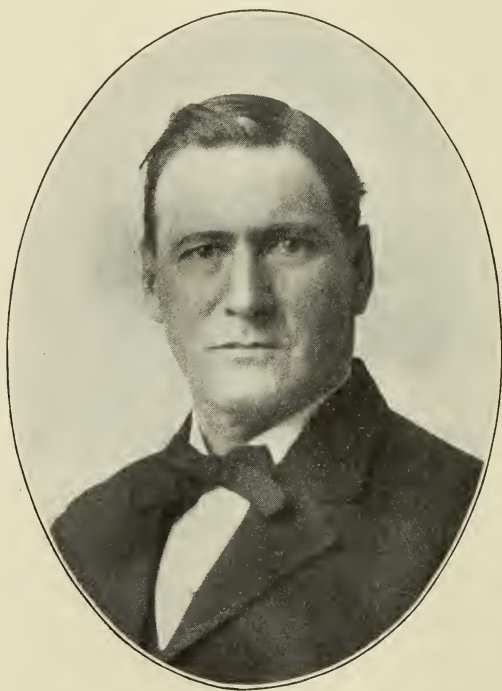
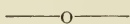
On account of the peristalsis excited by even small quantities of water in the stomach, I give none as long as the patient does

not complain too bitterly of thirst. If shock is marked, especially if from hemorrhages, hypodermoclysis should be done and repeated if necessary.

If symptoms of peritonitis appear salines should be given especially after 36 or 48 hours, generally preceded by small doses of calomel. Ordinarily the bowels need not be moved for three or four days.

If peritonitis already seems well established at the time of operation, suture the perforations, place a large drainage tube to the bottom of the pelvis, place the patient in the Fowler position and institute proctolysis according to the method of Murphy.

In conclusion I would urge upon you the importance of operating these cases early, for we well know that certain signs of perforation are often absent in the first few hours and when they do occur are but the symptoms of a well developed peritonitis and ordinarily mean the doom of our patient, no matter what treatment is then pursued.



O. J. FURST, M. D., Peabody, Kansas,  
President Kansas Medical Association, 1909-10.

# THE JOURNAL OF THE Kansas Medical Society.

**JAMES W. MAY,** - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

**OFFICERS OF THE SOCIETY.**—C. C. Goddard, Leavenworth, President; E. E. Liggett, Oswego, 1st Vice-President; G. W. Goss, Sedan, 2nd Vice-President; B. M. Barnett Rosedale, 3rd Vice-President; Charles S. Huffman, Columbus, Secretary, L. H. Munn, Topeka, Treasurer.

**COUNCILLORS.**—1st Dist., Chas. W. Reynolds, Holton; 2nd Dist., H. B. Caffey, Pittsburg; 3rd Dist., F. M. Daily, Beloit; 4th Dist., O. J. Furst, Peabody; 5th Dist., O. P. Davis, Topeka; 6th Dist., J. A. Dillon, Larned; 7th Dist., Preston Sterritt, Kansas City; 8th Dist., A. L. Cludas, Minneapolis.

## EDITORIAL

Our hats off to Emporia! For all downright hospitality extended the Kansas Medical Society, the physicians of Emporia should have one large juicy plum. From the moment of the arrival of the first visitor to the departure of the last one, it was a succession of generous attentions. The physicians of Lyon County spared no effort or expense to make the meeting the success that it was.

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At the banquet and also the smoker given the Kansas Medical Society by the Lyon County Society during the last meeting, Dr. C. C. Goddard brought forth a candidate for governor of Kansas in the person of Dr. Charles S. Huffman, of Columbus. It is needless to say that the mention of his name brought forth an ovation. It is high time that Kansas should have a governor of Dr. Huffman's type. He is educated, broad minded and has a grasp of things far in excess of most men many years his senior. He has practiced medicine in Cherokee county for the past eighteen years, and as an example of the esteem with which his fellowmen hold him, he has twice been elected senator of his district, the position he now holds being chairman of the ways and means committee, the most important committee in the senate. He has been secretary of the



Kansas Medical Society since May 1902, and was reelected in 1908 for a period of 3 years. Kansas would do well in electing him and the State Society would be honored for all time.

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The so called "old time doctor", in many respects is a minus quantity at this day. There was a time when slovenly dress, drink and rudeness was expected of a great many physicians.

It has been the boast of many people that "their doctor" was a better physician even when drunk than their neighbors' doctor who did not drink. People now demand courteous treatment, neatness and cleanliness, combined with ability and if you will notice the physicians who are at the top are the ones who have these attributes.

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On Saturday, March 27, the Indianapolis News had fifteen columns of patent medicine advertising, which included all kinds from the fake consumption cure to soothing syrups. At the top of the first column of the third page was an advertisement of a patent medicine advertised to cure all colds, etc., and immediately below this was an Associated Press dispatch from South Bend telling of the death of a five weeks' infant, caused by soothing syrup that the mother had given to cure the child of a cold; the syrup containing enough morphin to cause the death of the child. The advertisement and the press dispatch below it gave a good example of the "before and after taking."—Journal Indiana State Medical Association.

Of all the evils of patent medicine advertising the above is a practical example of the worst. It is almost an impossibility to find a newspaper but that contains lurid accounts of wonderful cures by patent medicines when they are known to contain such poisonous drugs as morphin, cocaine, chloral, etc. The average paper has its feeler out constantly to detect and expose some form of graft and make much over the discovery. This is all well and good and thoroughly approved by all law abiding citizens, but how long, oh! how long, will it be that they will continue to be a party to the numerous cases of manslaughter by advertising these nostrums? It was but a short time ago that the editor of the above was indicted by a federal grand jury for making false statements concerning the purchase of the Panama Canal. It would probably be infinitely better if they would clean house at home than to commence abroad.

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By a vote of 140 to 2, the legislature of Illinois on March 10 pass-

ed the Glackin bill, which authorizes cities and villages to levy a special tax of one mill to construct and maintain public tuberculosis sanatoria. The prime object of this bill is to secure for Chicago a sanatorium for tuberculosis, as the mill tax will amount to about \$160,000 a year. The question of the issue of bonds will be submitted to voters at the coming election, and will undoubtedly meet with approval, and result in this good work being undertaken. —Western Medical Review.

Just another step in the onward march. It is to be hoped that Kansas will shortly pass a law making it possible for her to care for the tuberculous poor. If the legislators can be made to see the absolute necessity for such institutions then Kansas will once more step in front and prove herself to be as charitable as she is wealthy. The one way to get favorable legislation is to commence now. Every article coming under your notice pertaining to the cause, prevention, and treatment of tuberculosis should be sent to your legislator so that when the proposition is presented him in the form of a bill, he will not have to be educated, but will know the great good to be accomplished and vote accordingly.

It is true that heretofore anything coming up in the House or Senate that even looked like medical legislation received scant attention, the law-makers thinking that probably in some way it might help the doctor. Since physicians have been elected legislators in many localities this prejudice has largely been overcome.

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## NOTES OF THE EMPORIA MEETING.

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A full report of all the proceedings will appear in the June issue of the Journal.

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Dr. S. J. Crumbine and Dr. S. S. Glasscock addressed the students of the Emporia College on Friday morning.

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The address of welcome was given by Mayor John H. Glotfelter of Emporia and was responded to by Dr. O. J. Furst.

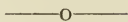
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The Council increased the editorial staff of the Journal one member and elected Dr. O. P. Davis, of Topeka, to the place.

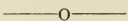
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A collection was taken up for the widow of Dr. Major Car-Carroll, who died while doing research work in yellow fever. Between \$50 and \$60 was realized.

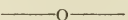
A reception to the ladies occurred at the Elks Club on Thursday afternoon.



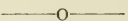
Dr. C. S. Huffman and Dr. O. M. Longnecker addressed the students of the Kansas State Normal College on Thursday morning.



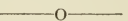
Topeka won on the first ballot in a friendly contest between Topeka, Wichita and Hutchinson for the next meeting place for the society.



The proposition of a physicians defense association was brought up at the meeting of the house of delegates and the council, by Dr. W. L. Hopper, of Ft. Scott and a committee was appointed to formulate a plan. Owing to insufficient time the committee was unable to present a plan and were instructed to report at the next annual meeting.



The entertainment committee provided on Wednesday morning, an automobile ride about the city, which ended at the Kansas State Normal School where a May pole dance was given for the benefit of the visitors. On Wednesday night a smoker was given at the Whitley Opera House where the fun was indulged in to a late hour. On Thursday night the banquet was given. The spread was a dandy, music of a high class was furnished by the Emporia Orchestra. The following responded to toasts: T. F. Foncannon, toastmaster, Owen Samuels, G. H. McGuire, C. C. Goddard, E. T. Shelly, O. D. Walker, S. S. Glasscock, J. Dillon, J. B. Brickell, Chas. S. Huffman, S. J. Crumbine, James W. May.



The House of Delegates and the Council met Tuesday evening and transacted a large part of the business of the society. At the meeting Friday morning the officers were elected for the ensuing year and the committee reports were heard.

Dr. O. J. Furst of Peabody, was elected president on the first ballot; Dr. T. F. Foncannon of Emporia, was elected 1st vice president, Dr. J. D. Walthal of Paola, 2nd vice-president and Dr. J. P. Kaster of Topeka, 3rd vice-president. The secretary was elected last year for a term of 3 years., Dr. L. H. Munn of Topeka, was re-elected Treasurer, Dr. C. C. Goddard, Dr. L. L. Uhls and Dr. J. E. Sawtell, delegates to the A. M. A.,

The Council re-districted the state making twelve districts in place of eight. The complete list of counties in each district together with the new Council will appear in the June issue.

One of the "old timers" at the meetings is Chas. H. Herriman who sells Allison Tables, X-Ray Apparatus, etc.

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Dr. D. R. Dunavan, with Horlick's, was much sought for in the exhibit room. His malted milk is always patronized freely.

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The following firms had exhibits at the meeting: Horlick's Malted Milk, Allison Table Co., Nelson Loose-leaf Encyclopedia Co., Hettinger Bros., Saunders Medical Book Publishers, C. V. Mosby Co., Medical Books, Snodgrass Drug Co., Denver Chemical Co., (Antiphlogistine), Abbott Alkaloidal Co.

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A complete list of the councillors is as follows: First District—Dr. C. Reynolds, Holton; Second—Dr. Preston Sterrett, Kansas City; Third—Dr. H. B. Caffey, Pittsburg; Fourth—Dr. O. P. Davis, Topeka; Fifth—Dr. W. E. Curry, Sterling; Sixth—Dr. Arch D. Jones, Wichita; Seventh—Dr. F. M. Daily, Beloit; Eighth—Dr. O. D. Walker, Salina; Ninth—Dr. C. S. Kenney, Norcatur; Tenth—Dr. E. J. Beckner, Selden; Eleventh—Dr. J. A. Dillon, Larned; Twelfth—Dr. W. F. Fee, Meade.

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W. B. Saunders Co. had an exhibit of their latest publications, in charge of Dr. W. H. Graves, of Wichita, who has recently been appointed agent of this firm for the state of Kansas. While Dr. Graves has retired from the practice of medicine, he has by no means lost interest in the medical profession and the problems affecting it. He will continue to take orders for the Journal of the A. M. A., and assist so far as his new duties permit in organization work. He is especially interested in railway and other contract practice, and will welcome any information or suggestion with regard to them.

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Dr. S. J. Crumbine, in discussing Dr. Barber's paper, set forth the plan of the State Board of Health for the coming year. Among the things to be done is the expenditure of \$10,000 each year for two years in an educational propaganda for the prevention of tuberculosis. The enforcement of the anti-spitting law and the dry sweeping in cars. The control of tuberculous cattle. The compulsory notification of tuberculosis. This report which must be confidential, is first made to the local board of health, who in turn notify the state board. This is followed by fumigation of the dwelling and other means of prophylaxis at the expense of the state.



**NEWS NOTES**

The exhibit for the prevention of tuberculosis spent ten days in Emporia commencing May 6th.

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The American Medical Association's next meeting will be held at Atlantic City, N. J., June 8-11, 1909.

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The annual commencement of the University Medical College of Kansas City, Mo., occurred May 14, 1909.

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The Association of American Medical Editors will hold its Annual Meeting at Atlantic City, June 5-7, 1909.

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Dr. H. L. Regier has established an office in Kansas City, Kansas. He was formerly located at

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Dr. Edwin J. Kanavel physician at the State Penitentiary has resigned and will be succeeded by Dr. S. L. Axford of Burlingame.

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At a meeting of the faculty of the Kansas Medical College of Topeka, it was decided to add a course in pharmacy, beginning next year.

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Dr. Maggie McCrea, because of her recent appointment to a position in the Topeka State Hospital, will give up her practice in Kansas City, Mo.

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Drs. George F. Hamel, H. M. Roberson, R. H. Fox and A. M. Forney of the staff of the Missouri Pacific Hospital, Kansas City, have have resigned.

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A preliminary program of the American Proctological Society announces the eleventh annual meeting at Atlantic City June 7 and 8, 1909, with twenty-six papers.

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The Pennsylvania lines have a full page announcement in this issue of low rates to Atlantic City for the A. M. A. meeting. They will have a special car from St. Louis, Mo.

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Dr. E. W. Schauffler of Kansas City, Mo., has been appointed a member of the board of managers of the State Sanitarium at Mount Vernon for a period of four years.

President Taft has selected Lieutenant-Colonel Guy L. Edie and Captain Matthew A. DeLaney, Medical Corps, U. S. Army, as his physicians during his term in the White House.

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In a recent runaway accident the fee for the veterinarian was more than the doctor's bill, and the man was more severely injured than the horse.—Lawrence County Medical Society Official Monthly Bulletin.

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The International Leprosy Congress will meet in Bergen, Norway, this year. The United States representative at the Congress will be Dr. Wm. J. Coodhue, who for the last four years has been resident physician at the Leper Settlement in Molokai, Hawaii.

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Dr. William S. Osler, regius professor of the University of Oxford, will attend the dedication of the new library of the Medical and Chirurgical Faculty of Maryland, which will occur May 13, 14 and 15. Dr. S. Weir Mitchell of Philadelphia will also be a guest of the faculty on that occasion.

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At the annual meeting and banquet of the Franklin County Medical Society, held in Ottawa, Dr. Robert S. Black presided as toastmaster. Dr. Vilas E. Lawrence was elected president; Dr. John M. McWharf, vice president, and Dr. James Ball, secretary-treasurer, all of Ottawa.

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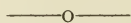
**SENN CLUB.** At the meeting of the Senn Club, held March 26th, it was decided to perpetuate the memory of Nicholas Senn and to bring before the public, lay and professional, the valuable services rendered by Dr. Senn. The means to be employed for this purpose will be decided on later. Dr. Alex. Hugh Ferguson was unanimously elected president of the club, and Dr. Arthur MacNeal was re-elected secretary.

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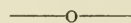
**Individual Drinking Cups for the Lackawanna Railroad.**—The individual paper drinking cup, which Dr. Thomas C. Darlington, Commissioner of Health of New York, has been testing this winter at department headquarters, has been adopted by the Lackawanna Railroad. Passengers on the Lackawanna Limited have commented on a small nickel plated device adjacent to the water cooler. Closely nested within a tube are a hundred or more dainty white drinking cups, which once drawn forth and used cannot be replaced but must be discarded or carried away. These cups, which are in

the exact form of a drinking glass, are stiffened by a coating of paraffin and, being manufactured automatically, are untouched by hands until they reach those of the drinker.—N. Y. Medical Jour.

The above has been what Dr. S. J. Crumbine Secy. State Board of Health has striven for and in all probability successfully. But as in any case which requires the probable expenditure of even a small amount of money the railroads are using every endeavor to defeat the plan. Ed.



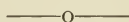
Dr. Albert Silverstein, of Denver, will hereafter be located at Hays, Kansas, where the professional and lay friends made in his early experience have prevailed upon him to return. He will be associated with Dr. J. U. Catudal and assist in the perfection of the arrangements for a hospital, which is an urgent need there. Dr. Silverstein leaves a host of warm friends in Denver, who recognize in him a man of exceptional ability and high personal qualifications, and who wish him every success in his new location. Colorado Medicine.



### DR. S. WEIR MITCHELL.

Dr. S. Weir Mitchell celebrated this month the eightieth birthday of an unusually rich and productive life. It is given to few men to shine conspicuously in two over-crowded fields of endeavor, yet Dr. Mitchell has won a place in both science and literature that will endure long after he has answered the final call. If any American physician or man of letters ever offered to the world at large a real inspiration to work, it is Weir Mitchell. His life has been a combination of talents, scholarly ability and industry, with the result that his achievements will stand forth like beacon lights for many years to come. Long will he be remembered for his unpretentious yet charming personality—suggestive of the strength, depth and quiet force of some great deep-flowing river.

Then here's to you, Weir Mitchell, on your eightieth anniversary. We salute you, because we love and esteem you. The world is better because you have lived and have given to mankind so much of your thought and effort. May time continue to deal kindly with you, and leave you with us many, many years.—American Medicine.



### SOCIETY NOTES.

At the regular meeting of the Wyandotte County Medical Society, April 20th, Dr. Hugh Wilkinson read a paper on "Coxa Vara,

Simple Coxitis and Tuberculous Coxitis." Dr. R. C. Lowman presented an interesting case of "Ruptured Uterus."

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There was a good attendance at the regular monthly meeting of the Shawnee County Medical Society held May 3rd. Dr. W. S. Lindsay read a valuable paper on "Psychotherapy." Two new members, Dr. R. C. Hutchinson, and Dr. O. O. Moore were added to the society roll.

J. B. TOWER, Secretary.

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The Miami County Medical Society held its annual banquet at the Commercial Hotel, Paola, April 13th. This was the largest and best meeting in the history of the society. The following doctors and wives responded to toasts: S. R. Sellers, J. D. Van Nuys, Mrs. L. L. Uhls, N. C. Speer, J. W. Kelley, Mrs. J. D. Walthall, J. N. Hill, J. H. Holdeman, J. F. Koogler, Mrs. J. D. Van Nuys, J. V. Ferrell, Mrs. S. R. Sellers, J. D. Walthall, S. L. Brooking.

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The Smith County Medical Society met at Dr. Relihans' office in Smith Center, April 21st. There was a full attendance of the physicians of the county. The following officers were elected for the year 1909: President, Dr. J. B. Dykes, of Lebanon; Vice-President, Dr. F. M. Bilby, of Kensington; Secretary, and Treasurer, Dr. Frank H. Relihan, Smith Center; Delegate to the meeting of the State Medical Society, Dr. H. A. Dykes. It was decided to hold the next meeting in October, at Kensington. All present agreed and promised to make prompt reports of births and deaths and contagious diseases.

DR. D. W. RELIHAN, Secy.

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One of the most successful meetings of the Southeast Kansas Medical Society was held at Parsons, April 13th, 1908. The following papers were read: Dr. J. S. Cummings, Bronson, Kans., "Seminal Vesiculitis"; Dr. R. A. Light, Chanute, Kans., "Illegal Practitioners, and How to Eliminate Them"; Dr. James W. May, Kansas City, Kans., "Diagnosis of Cataract, Glaucoma and Foreign Bodies in the Eye"; Dr. E. B. Payne, Fort Scott, Kans., "A Report of the International Congress on Tuberculosis"; Dr. F. M. Martin, Iola, Kans., "The Physician's duty Toward the Public and Himself," a paper treating of the rights of the people and the medical fraternity, relative to quacks, religious and otherwise; Dr. S. C. James, Kansas City, Mo., "Some of the Anomalies of the Heart, their Detection and Treatment"; Dr. E. E. Liggett, Oswego, Kans., "Tumors of the Female Breast". Probably the most interesting part of the program was the presentation of clinical cases by the



Parsons physicians, amongst which were two cases of elephantiasis of the leg. After the evening session was completed a banquet was given at the Matthewson hotel. The menu could not have been improved upon. The following responded to toasts: Dr. E. W. Boardman, Parsons; Dr. S. S. Glasscock, Kansas City; Dr. G. A. Blasdel, Garnett; Mr. T. A. Cordry, Parsons. Dr. M. L. Perry, the retiring president, presided. The following officers were elected for the ensuing year: President, Dr. E. B. Payne; Fort Scott; Secretary, Dr. G. A. Blasdel, Garnett; Treasurer, Dr. M. F. Jarrett, Fort Scott. The next meeting will be held in October at Fort Scott.

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Upon invitation of Drs. J. S. and E. B. Cummings, the Bourbon County Medical Society met in the Bronson Hotel, Bronson, Kansas, April 19, 1909. An interesting program consisting of papers, case reports and clinics, were carried out in full. The Physicians Medical Defense discussion was again renewed and a committee was appointed to draft a resolution and present it to the state meeting at Emporia, asking the State Society to take action in establishing a defense association in connection with our society. The society then retired to the spacious banquet hall and indulged in delicacies and good stories until train time when the society adjourned, scattering good words for Drs. Cummings and Cummings and the beautiful village of Bronson. This was the first meeting the Bronson County Medical Society has ever held outside of Fort Scott. The exceedingly good attendance and excellent entertainment is a good incentive to repeat the action. W. L. HOPPER, Secretary.

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#### BUSINESS CHANCES.

**For Sale Cheap**—One absolutely new Butler buggy, rubber tired, equipped with rain-or-shine top. This buggy has never been out of the shop. Write editor.

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**The "Lodge."**—To settle the estate of Dr. Sexton, his interest in this well-known institution will be sold at once. For particulars write Mrs. M. P. Sexton, Bonner Springs, Kansas.

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**Wanted**—Location, or get associated with busy practitioner. M. D. and Ph. G. from best school. One year in large hospital, several years private practice and inspector for Chicago Health Department. Well up in surgery and laboratory work. My object is to get back to my home state and would prefer a German community in good sized town. Address Dr. F., 453 E. North Ave., Chicago.

## CLINICAL NOTES

The only form of cancer which attacks the tongue is epithelioma.

Swabbing the throat with 20 per cent. iodine in glycerine will quickly relieve a pharyngitis.

The more recent the paternal syphilis, the more certain is infection of the offspring. The children are often stillborn.

Before dilating the os and curetting the uterus for organic disease of the endometrium be sure to eliminate the possibility of early pregnancy.

Infections of the upper lip (especially carbuncle) are very dangerous, as thrombophlebitis may arise and track up into the cranium.—Ohio Medical Journal.

The doctor should not neglect the fact that while he is examining his patient, the patient is examining the doctor and is likely to reach a diagnosis in advance of him.—Ohio Med. Jour.

It is almost impossible to successfully anesthetize a peritonsillar abscess. The patient should be placed under the lightest possible narcosis and the incision made rapidly while the head is suspended over the edge of the table.—American Journal Surgery.

A method of disguising the taste of castor oil in a certain hospital is as follows: A powder composed of gum arabic, liquorice and sugar of milk, flavored with vanilla, is made. A small amount of the powder shaken with a little water produces a persistent froth, which forms an effective disguise.—Trained Nurse and Hospital Review.

Cystitis is an affection which requires much care in its treatment, and the avoidance of much instrumentation, especially if the urethra is at all affected by any bacterial disease. It is the introduction of instruments not surgically clean that is the cause of a large number of bladder troubles.—American Journal Dermatology.

**Pulmonary Abscess.**—According to Dr. G. E. Armstrong (Montr

Med. Jour., Feb., 1909), while some lung abscesses and localize bronchiectatic cavities, may, under favorable circumstances, when communicating freely with a large bronchus, empty themselves sufficiently to permit of cure, yet on the whole the results of medical treatment only in lung abscess and gangrene are bad. Much better results are obtained by incision and drainage, so that not more than a few weeks should be spent in medical treatment. Operation in a rarefied atmosphere seems to promise a good deal, and should enable one to operate on these cases more independently of the union of the two layers of the pleura, and enable one more freely to explore the cavity, to ligature, suture, and to do better work generally.—International Journal Surgery.

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**Delirium Tremens.**—T. W. Ranson, Chicago (Journal A. M. A., April 17), summarizes his conclusions from his study of 500 cases of delirium tremens in Cook County Hospital as follows: "1. In incipient cases the patients respond readily to treatment with chloral, ergot, bromids and whiskey, the drugs being mentioned in the order of their value. 2. Delirious patients are very resistant to treatment. In the cases studied, the administration of the sedative drugs increased the mortality. This was most evident when scopolamin was used, that drug increasing the mortality 13 per cent. These unsatisfactory results with the sedative drugs were due to the large doses used. It will be shown that small quantities, for example, from 15 to 30 grains of chloral in twenty-four hours, may be given with good results, but that when larger quantities are given the death rate increases with the amount of sedative administered. 3. The only drug which reduced the mortality was ergot. By its use the death rate was decreased 21.6 per cent. 4. When whiskey was given the mortality was increased 1.8 per cent." These cases constituted the admissions to the hospital for this condition between June, 1905, and August, 1908. They were classified, according to their peculiarities and the treatment employed, by means of a system of library cards. It is noted in addition to the statements embodied in the conclusions that when whiskey was used it seemed to have some decided value in incipient cases, lowering the percentage of patients becoming delirious by 20.2 per cent. But in the cases with delirium the mortality was raised 1.8 per cent. Stomachics were used extensively but were not taken account of in these statistics, and generally drugs are not of such value that other therapeutic measures can be neglected, and this is especially true for the wildly delirious patients, for whom much more can be done by nursing than by drugs. Ranson emphasizes the importance of

proper methods of restraint, frequent giving of liquids, and the use of sedative baths. In the incipient cases, drugs are useful, but in cases with delirium care must be taken not to overdose the patient. In case of failing heart action or passage from delirium to stupor and coma, heart stimulants should be given hypodermically.

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In fevers of obscure origin in children never fail to inquire into the condition of the kidneys, as the presence of pyelonephritis may be overlooked although responsible for the symptoms.—*International Journal Surgery*.

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**Danger from Warts and Moles.**—Babler (*Jour. Missouri State Med. Assn.*, Jan., 1909, p. 405) from a series of cases reported in detail and from a study of literature comes to these conclusions:

1. Warts and moles especially when situated in exposed parts of the body, or when subjected to frequent irritation should be excised as soon as possible, lest they become malignant and destroy the life of the individual.

2. Just as soon as a wart or mole begins to rapidly increase in size, it is almost always already a malignant growth.

3. The secret of success lies in the excision of the blemish before malignant changes manifest themselves.

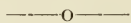
4. When wart or mole shows evidence of malignant change, the only hope of success in the treatment lies in excision of all of the diseased tissues. "Recurrence" signifies failure to remove all of the diseased tissues at the primary operation".

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**Diagnosis of Early Carcinoma of the Breast.**—Dr. A. Bonner (*The Post-Grad.*, Feb., 1909) says that we must remember that by far the greatest number of breast tumors are malignant, that growing tumors after thirty, and especially between the ages of forty and fifty, should be looked upon with suspicion; that pain is not a very early sign of carcinoma; that when a pre-existing tumor of long standing takes on a sudden exacerbation of growth it is strongly suspicious of carcinomatous degeneration; that immobility of the tumor, with ill-defined borders, favors the diagnosis of malignancy; that, though retraction of the nipple may occur in chronic atrophic mastitis, when such retraction is met, it is strong presumptive evidence of malignancy. On the other hand, the absence of a retracted nipple does not contraindicate the existence of malignancy as in such cases the tumor will be found at a distance from the nipple.—*International Journal Surgery*.



**Rattlesnake Bite**—C. S. White, Washington, D. C. (Journal A. M. A., May 8), reports in detail an account of a case of poisoning by rattlesnake bite which is of interest on account of the rarity of such observations, these accidents not happening often where they can be fully observed. The patient was bitten by a diamond rattler in the Washington Zoological Garden. Though the man received immediate attention, the wounded finger being ligated at once, freely incised and cauterized with a 1 per cent solution of potassium permanganate, the infection extended as soon as the ligature was removed. It was not until over a month and the finger had been amputated that he was in condition to be discharged from the hospital, in spite of an active sustaining treatment; and he was then in a very subnormal and anemic condition. White reviews the subject of snakebites generally and their therapeutics. The patient was treated according to the Mueller method with strychnine and free stimulation. White says that while it may be taken by the advocates of that special method as an evidence of its efficacy the patient probably would have recovered regardless of the treatment used.



**Tuberculous Joints.**—H. J. Whitacre, Cincinnati (Journal A. M. A., May 1), says that we must conclude that there is no one correct line of treatment for tuberculous joint disease, but that the method selected must depend on the nature and stage of the lesion, the age and social position of the patient, facilities for treatment, the individual experience of the physicians in charge, and a combination of all available methods is sometimes called for. Rest, diet, favorable hygienic conditions, Bier's hyperemia, iodoform injections, vaccine therapy and cutting operations all have their place and may all be used in various combinations. He details in full the technic used by him in tuberculosis of the joints, including 13 cases in the knee, 7 in the ankle, 3 in the elbow, 1 in the wrist and one in the hip, 25 in all. His methods may be stated in a general way to consist in free opening of the joint. In the knee by transverse incision across the center of the patella, sawing through that bone and excising all tuberculous infected tissues in the synovial cavities and bone, going down to healthy tissues and filling any cavities left with iodoform mass after thorough cleansing with carbolic acid subsequently neutralized by alcohol. Decision as to the amount of bone involvement in these cases is a heavy responsibility and should not be made until a careful microscopic study has insured its accuracy. The end of a bone must be seriously damaged before he would justify its removal. The preservation of a limb

is considered by him a very important point. Drainage is used by him for six or seven days, the limb is put in a supporting splint which is removed in from three to five weeks. Bony union is slow and may not be complete for eight or twelve weeks after the operation. The after treatment is the same in case of the knee, ankle joint and wrist, though the details of the operation are, of course, modified by the needs of the case, and the passive exercise is begun a little earlier in the wrist, about three weeks after the operation. A complete analysis of the 25 cases is given. There were no fatalities, 12 patients are now completely cured, 2 have still a small sinus remaining with good function, 1 was lost sight of, there were 3 subsequent amputations, and in the remainder sufficient time has not elapsed to justify a final report.

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To remove rust from steel instruments place them over night in a standard solution of zinc chloride. On removal the next day they should be rinsed in cold water, placed in a hot soda, and soap solution and dried.—Trained Nurse and Hospital Review.

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In severe burns of the chest always watch for symptoms of septic pleurisy or pneumonia. Both are not uncommon.—International Journal Surgery.

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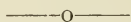
## BOOK REVIEW.

**Applied Surgical Anatomy, Regionally Presented.** For the use of Students and Practitioners of Medicine. By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in Cornell University Medical College, New York. New (2d) edition, enlarged and thoroughly revised. In one octavo volume of 601 pages, with 200 illustrations in black and colors. Cloth, \$4.50 net. Lea & Febiger, 1908.

The author of this book has been active in a field which gives him the experience on which to base a book of applied surgical anatomy as he has been a teacher of Anatomy and a practitioner of surgery under exceptionally favorable surroundings. An examination of this book shows it is clearly and definitely written with many illustrations which the author has not hesitated to borrow from the many fine text books which have appeared in the last few years. In writing a book of this kind there is a constant tendency to put in too much and so confuse the student who is looking for information that can be used practically. And while for the most part the author has succeeded very well there are places where the

anatomy is a little more detailed than the surgical application requires. The reference to the practical application are excellent. The description of joints is especially satisfactory and the use of diagrams to illustrate various positions and relations in the joints makes the subjects of dislocations in reference to normal anatomy very much plainer. The lymphatic glands which receive the lymphatic vessels from important areas are pictured by diagrams or illustrations in accordance with the results of recent research into this subject. In short this book presents a concise, clear treatise on modern anatomy as applied to modern surgery, and is an excellent supplement to the general anatomies which are now being published in such profusion.

MERVIN T. SUDLER.



**New and Nonofficial Remedies**—Articles which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association, prior to January, 1909. Chicago: Press of the American Medical Association, 103 Dearborn Avenue. Paper, 25c; cloth, 50c.

This is the first regular edition of the Annual New and Non-official remedies, and it contains a list of the remedial preparations approved by the Council on Pharmacy and Chemistry of the American Medical Association. Instead of adhering strictly to an alphabetic arrangement a classification has been adopted which permits an easy comparison of remedies of similar origin and properties. Mixtures are to be found in the appendix and a number of non-proprietary preparations have been added which, for various reasons, have not been admitted to the Pharmacopeia. The descriptions in the appendix have been made as brief as possible and the articles are classified under the names of the manufacturers. Therapeutic indications are not given, as it is assumed that the physician is able to apply his knowledge of the pharmacologic properties of the ingredients without aids from either the Council or the manufacturer. The non-proprietary remedies admitted to the body of the work are described as accurately and carefully as a painstaking research of the literature would permit.

The descriptions of processes of preparations, chemical and physical, and of the physiologic action contain much information which can not fail to be of immense value both to physicians and to pharmacists.

Over 200 different remedies are described, and after mastering the Pharmacopeia the practitioner and the student should become thoroughly familiar with this presentation of the newer materia medica.

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## POST-DIPHTHERITIC COMPLICATIONS AND THEIR PROPHYLACTIC TREATMENT.

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Dr. L. W. SHANNON, Hiawatha, Kansas.

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Read before the Kansas Medical Society, May 6, 1909.

With the well established and generally accepted use of antitoxine in the treatment and prevention of diphtheria the principal responsibility devolving upon the physician after applying the specific remedy is to anticipate and as far as possible prevent the complications so frequently a sequence of the disease.

In each and every instance I believe it is generally accepted that the early administration of antitoxine tends to lessen the liability of any and all complications, therefore this will be stated as the initial step, not only in treatment, but as a prophylactic measure.

Otitis-media is a complication frequently arising from the rhinopharyngeal type of the disease, but may complicate any form. The avenue of infection is usually through the eustachian tube and the form of infection maybe either the diphtheria bacillus or to a mixed infection. This should be anticipated, especially in the extensive infection of the nasal and post-nasal areas, and active measures instituted against the extension of the infection. The most effective measures are thorough cleansing and disinfecting of the parts by either syringing, gargle, or topical application. For children in all cases, and especially the rhino-pharyngeal infection in both young and adults, only syringing can be depended upon. It is not advisable that the child sit up, but the head should be on a level with the body and with either a fountain syringe or a nasal douche, or rubber syringe the solution is introduced first to one side and then the other, when introduced through the nasal cavities to make sure of its success the fluid should return either through the



opposite side or the mouth. The severity of the infection modifying the frequency from two to six hours apart. The solution used may be either a normal saline solution, or a one or two percent boric acid solution, and they should be used as warm as permissible on the part of the patient.

Broncho-pneumonia is a complication that may develop with any form of diphtheria, but is especially liable in the laryngeal type and septic cases. The cause in many instances is aspiration of bacteria and possibly small particles of membrane into the bronchi and lungs. However I have seen one case in which I feel confident that the pneumonia was developed by direct extension of the infection from the throat into the lungs, for after a very large dose of antitoxine a complete cast of the trachea and right and left bronchi with bronchioles from each side, was thrown off in the form of a membrane. Hence the primary indications are two fold. First, arrest by antitoxine the further development of the disease, and second, keep the field of infection as clean as possible. In this respect the treatment outlined for the prevention of otitis-media is applicable. If obstruction to respiration becomes so great as to cause distress and forcible inspiratory movements intubation should relieve the condition even though it might not be demanded to supply a sufficient amount of air and oxygen.

Post diphtheritic paralysis is one of the most frequent forms of multiple neuritis and a complication which causes probably as great a percentage of deaths from diphtheria as the disease itself. This form of neuritis is due to the specific action of the toxine of diphtheria upon the nerves and varies generally in direct proportion to the severity of the infection; that is there are more cases of neuritis following the severe types of diphtheria than the milder ones. Indicating that it is probably in direct proportion to the amount of toxine introduced into the system. However there are exceptions to this statement in the way of extensive neuritis following very mild cases of diphtheritic infection. Hence the indications are to retard the formation of toxine and prevent absorption as far as possible of those that are formed. In the first instance we have the first indication in all cases of diphtheria, antitoxine; in the second we have another demand emphasizing the importance of the local treatment and especially of the rhino-pharynx from which absorption is very rapid.

The circulatory disturbances complicating diphtheria need no elaborate discussion to establish their seriousness, and our knowledge of the comparative inefficiency of remedies for the relief of such complications should stimulate us and keep us ever on

our guard to as far as possible prevent them. The sudden death following either or late in the convalescence of any case of diphtheria is in most instances due to heart failure. And since we know that in spite of all we can do in either mild or severe types of diphtheria that these heart complications are common, we should ever be on the alert and by anticipating such complications save many of these patients by carefully piloting them through.

The cause of such complications is known to be the degenerative action of the diphtheria toxine on the heart muscle itself, and upon the nerves and part of the nervous system controlling the hearts action and the vascular system. I do not wish to enter into a detail discussion of the character of the changes that have been detected, but in order that we may the more intelligently interpret the clinical findings, let us review briefly the pathological basis for such findings.

The changes in the heart muscle for convenience may be divided into early and late. The early cardiac changes are essentially a fatty degeneration, manifested by rapid pulse and a blood pressure which at first is about normal, but progressively and rapidly falls, the patient passing into a state of collapse from which comparatively few revive even under most heroic treatment and stimulants. But this is a condition of very rare occurrence since the introduction and general use of antitoxine, and especially when administered early.

The later changes in the heart muscle, though they undoubtedly have their incipency in the first few days, are not sufficiently characterized by symptoms that they may be recognized clinically before the seventh to ninth day and may be delayed until the second or fifth week. These changes consist in the main of interstitial infiltration, necrosis, and hyaline degeneration, and are manifested by a slow pulse usually and irregularity of hearts action and force and low blood pressure. The irregularity of heart force is often times more indicative of serious trouble than the irregularity of action, for the latter is frequently seen in children. Irregularity in force however, is a constant feature and may persist for months after the local symptoms of diphtheria have disappeared. With the irregularity of the hearts force we must always associate heart sounds. With a failing heart force there is a weakened or possibly an entire absence of the first sound of the heart. There may be no murmur, no evidence of dilatation the hearts action may be regular, and the normal pulse rate and still the vitality of the heart muscle so impaired that all muscular sounds of the hearts contraction is lost, and even the vavular sound very much lessened or en-

tirely lost. Hence the real secret in detecting myocarditis by auscultation is to watch the heart sound. This is a clinical finding so fairly constant in diphtheria as to be almost pathognomonic. However we are prone to look for and to be influenced by a positive rather than negative clinical finding. But when we consider the factors entering into the composition of the first heart sound, namely, muscular action of the heart itself, the closing of the mitral valves, it is evident that any condition of the heart causing its muscles to contract with less force, will lessen the muscular sound and the less force there is imparted to the blood, the less rebound there will be to the mitral valve, and consequently an impaired or lost first heart sound.

Now with these points well established by various clinical observers, what duty develops upon the attending physician in any case of diphtheria?

Does his responsibility and duty to his patient cease when he has administered antitoxine and watched with no small degree of satisfaction the local symptoms fade to insignificance? No; because it has been well established that with even the mildest throat manifestations of diphtheria we may have the most severe and even fatal heart complications. And as we have no specific in the way of drugs for preventing such condition we should enlighten our patients or the parents, or both, and enlist their cooperation in guarding against any undue and sometimes even the slightest physical effort until all danger or possibility of danger is past. These patients should be visited daily during sickness and convalescence, and we should keep in mind that there is in the character of the first sound of the heart a much better index to the patient's ability to take exercise than the presence or absence of murmurs. When we feel that exercise maybe permitted the patient should first be submitted to a slight physical test that we may know by personal observation that moderate exercise may be tolerated. And probably as good a method as any and possibly the best is that of Graupner's. This test consists of testing pulse rate and blood pressure before and after a specified amount of physical exercise. The normal and compensating heart is characterized by a rapid rise in pulse which in a few minutes returns to its previous or normal rate, and the blood pressure gradually rises and remains so for some time afterwards. While with insufficient heart force there is a rapid increase of pulse rate which remains so and the blood pressure falls instead of rising. This is a test to which should never be submitted until all general symptoms of heart trouble, such as nausea, vomiting, and palpitation have

completely subsided, and the amount of exercise must be modified to suit the individual case, and in this test the character of the first sound of the heart is a far better index to the ability of the patient to take exercise than the presence or absence of murmur.

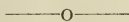
The metabolism of diphtheria as manifested in different organs and viscera of the human body is not well understood. It is known however, that the toxins of diphtheria are all quickly but at first loosely connected with the cells of these organs, and by the early administration of antitoxine, can be fairly well eliminated from the body, and too that every hours delay in administering antitoxine simply gives the toxine that much firmer hold upon the individual cells and causes relief more difficult. And while the presence of these toxins in different organs may cause no appreciable distress or inconvenience at first, their presence is the foundation and the cause of many cases of nephritis, peripheral neuritis, myocarditis, liver, necrosis and etc., which are not manifested until months past.

Endocarditis, pericarditis, meningitis, and septicemia are not frequent complications, but of sufficient importance to demand mention, and are best guarded against by local cleansing and disinfecting of the field of infection.

Endocardial vetations are a pathological condition not infrequently found and while possibly very little can be done to prevent the formation of such vegetation, the endocardial infection maybe limited at least by the methods previously mentioned. However, when there is evidence of any endocardial infections and especially of valvular vegetations every precaution against even moderate exercise should be insisted upon until the early and friable stage of these vegetations has past, and organization sufficiently advanced as to make them less liable to be dislodged and carried into the circulation.

Thus in conculsion we might tabulate the prophylactic measures as:

1. Early administration of antitoxine.
2. Disinfecting of the diseased areas.
3. Daily vigilence on the part of the attending physician and cooperation of the patient and the attendants not only during the acute stage of the disease, but also during convalescence.



In cases in which there exists prolonged unconsciousness, from any cause, the attending physician should not forget to empty the patient's bladder every four hours, or, preferably, every three hours to prevent any possible cystitis.—American Journal Dermatology.



**PUERPERAL ECLAMPSIA.**

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Dr. J. H. LANGWORTHY, Leavenworth, Kansas.

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Read before the Kansas Medical Society, May 7, 1909.

While I was still a student at medical college, a number of cases of this dread disease were shown in our obstetrical clinic; a little later, while an interne in a hospital, it was my privilege to see several cases, and to have one case under my care; and now in this my first year of private practice, almost my first case was one of eclampsia. For these reasons, and because of its terrifying symptomatology and high mortality, puerperal eclampsia has made a profound impression upon me and I wish to bring the subject before this body for discussion.

The etiology of eclampsia is still obscure, and many theories have been advanced as to its origin. Most authorities, however, agree that it is due to the retention in the blood, of toxic substances which should have been eliminated by the excretory organs. There is no doubt that during pregnancy, a greater strain is thrown upon woman than at any other time. Ordinarily this is easily met by an increased activity, and pregnancy is normal. If for any reason, the eliminative organs of the pregnant woman are unable to cope with the poisonous substances produced, either within her own economy, or by her fetus, toxemia is produced which manifests itself, in early pregnancy as pernicious vomiting, and later pregnancy, as eclampsia. Multiple pregnancies, hydramnios, and pathological conditions of the fetus, all add to the amount of toxic substances to be excreted. Some women suffer from insufficient elimination even in the non-pregnant state, and in pregnancy their excretory organs may not be able to dispose of the waste products of the fetus. In some cases of eclampsia the kidneys and liver are organically diseased, but in the majority of cases they are merely functionally inefficient.

The toxic substances above referred to produce destructive changes in all the viscera, particularly the kidneys, liver and brain and if the process is not quickly checked, the damage is irreparable, and the patient dies.

The symptoms of eclampsia are well known, and it is not necessary to give them in detail in this paper.

Puerperal convulsions are nearly always preceded by prodromal manifestations, such as persistent headache disturbances of vision, nausea, great restlessness, or stupor. In 90 per cent, of cases, the urine contains albumen, and casts, and becomes more and more

scanty. Upon the occurrence of such symptoms rigorous treatment should be instituted at once.

If in spite of rest, milk-diet, hot baths and packs, purgatives, diuretics, the action of the kidneys is not improved within reasonable time, and the symptoms mentioned increase in severity the physician is justified in terminating pregnancy at once, especially if the fetus is viable.

With the emptying of the uterus these ominous symptoms disappear and eclampsia, with all its terrible manifestations is averted.

In a great many cases, however, we do not see the patient until she has had one or two convulsions and is comatose, and we are confronted with a condition which demands immediate and heroic treatment, if we are to save the life of either the mother or the child.

I was taught, while attending college, to control the convulsions and promote elimination, but not to interfere with pregnancy, unless labor was far advanced. I believe this teaching to be a mistake. The first thing to do, is to remove the cause, that is, terminate pregnancy. Prompt delivery gives the best result. If there is much delay, the patient may become so weakened by the convulsions, or such serious lesions may already have occurred in the kidneys and liver that death is inevitable.

The ease with which delivery can be accomplished depends upon the amount of dilation of the cervical canal. Fortunately the onset of the convulsions nearly always brings about some dilation, which ordinarily can be completed manually.

Hysterotomy, or the so called vaginal Caesarian section may be employed where the cervix is rigid and cannot be dilated quickly enough. It is not an easy or simple operation but is, I think, justifiable. Caesarian section has been employed for eclampsia, but it does not seem to me it should be resorted to unless it would have been indicated if eclampsia were not present.

Next in importance to emptying the uterus is elimination. The kidneys are already overtaxed, or diseased, and the principal channels of elimination to be used are the bowels and the skin. Croton oil and elaterium are easily given, and are rapid in their action. If the patient is able to swallow, a saturated solution of magnesium sulphate should also be used. It is best given in small and frequently repeated doses.

Another procedure, which I believe to be of the greatest importance is bleeding. It removes the toxins which are causing these convulsions, in a quick and effective manner. It lowers the blood pressure much more efficiently, and is much less depressing to the heart, than the drugs which have been used to replace it.

Bleeding is particularly indicated in patients who continue to have convulsions after delivery, or who have a quick, full pulse, cyanosis, and labored respiration. I believe bleeding should be used in nearly every case of puerperal convulsions, and it should be done freely; as much as a quart being removed in some cases.

At the time of bleeding it is usually well to introduce normal salt solution, intravenously in order to replace the bulk of the blood, and favor elimination.

The free use of the salt solution is in itself a valuable procedure. It may be given intravenously, subcutaneously or by bowel. It dilutes toxins and promotes elimination by the skin and kidneys. Hot air baths and hot packs may also be used, but as they are quite depressing, must be used with care.

A great many methods of treating eclampsia have been used and recommended. Some of these methods have met with success, while others are theoretical or impracticable.

I have endeavored to bring before you what seems to me to be a practical procedure in eclampsia. Briefly summarized it is as follows:

**First.**—Rigorous treatment of the patient showing prodromal symptoms of eclampsia.

**Second.**—Prompt evacuation of the uterus in all cases having convulsions.

**Third.**—Venesection in all cases where convulsions are severe, or continue to occur after delivery.

**Fourth.**—Elimination by free catharsis.

In connection with this paper I wish to present the following case:

Mrs. A., white, twenty years old, primipara. The patient was unconscious when I first saw her, and had a severe convulsion soon after I entered the room. Her husband said that she had two before I came. She was pregnant at term. Her urine was solid with albumen. I had her taken to the hospital immediately and called my father, Dr. S. B. Langworthy, in consultation. In the meantime she continued having convulsions at short intervals, and with increasing severity, we decided upon immediate delivery.

Dilating the cervix manually I performed podalic version, and delivered a living child. I next performed venesection, taking away thirty-two ounces of blood, and replacing it with nearly the same amount of normal salt solution.

The patient was given a dram of the saturated solution of magnesium sulphate every fifteen minutes, until her bowels were thoroughly moved. She was also given enough chloral to keep her

quiet. She had only one convulsion after delivery, regained consciousness in twenty-four hours, and made an uninterrupted recovery.

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## UTERINE HEMORRHAGE WITH SPECIAL REFERENCE TO THE MENOPAUSE AND UTERINE CANCER.

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Dr. J. C. SHAW, Holton, Kansas.

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Read before the Kansas Medical Society, May 7, 1909.

Nearly all cases of uterine hemorrhage may be placed under two general classes:—one which is coincident with the regular monthly flow or menorrhagia, and the other occurring independent of the monthly molomen or metrorrhagia. Occasionally we find these two conditions so closely related that it is impossible to separate them, as the same causes frequently give rise to one or the other; as cervical cancer, tumors, of a fibroid character, incomplete abortion, and extra uterine gestation..

Uncomplicated cases of metrorrhagia as a rule are easy of recognition as they occur at other times than the usual menstrual period. On the other hand many cases of menorrhagia are quite difficult to differentiate, as each woman is largely a law to herself, and we must closely discriminate between the physiological and the pathological, as it may be a menorrhagia in one and a normal period in another. Whenever we have a case in which the bleeding is so profuse as to produce exhaustion and anemia, it then becomes imperative to ascertain the cause and to apply such means as will bring about a normal restoration of the menstrual function. As a diagnostic point most cases of menorrhagia are aggravated by exercise.

The etiology of uterine hemorrhage may be arranged under three general divisions:

First.—Those cases due to local causes.

Second.—Those cases due to constitutional causes.

Third.—Those cases due to vascular causes.

Some of the principal local causes productive of uterine hemorrhage are: 1st, Uterine displacements, especially retrodeviations; 2nd, Endometritis, both acute and chronic; 3rd, Uterine Subinvolution; 4th, Inversion of the uterus; 5th, Abortion; 6th, Uterine Polypi; 7th, Pathological conditions of the placenta and faulty implantation; 8th, Uterine Sarcoma; 9th, Cystic ovaries; 10th, of the tubes and ovaries; 11th, Ectopic gestation and 12th, Uterine cancer of either cervix or body.



Uterine hemorrhage of constitutional origin is caused by 1st, Infectious diseases; 2nd, Scurvy; 3rd, Anæmia. Those cases coming under vascular causes are 1st, Diseases of the heart, especially mitral regurgitation; 2nd, Diseases of the liver with portal stasis as in cirrhosis.

Uterine subinvolution, arising either after full term or a miscarriage, leaves the uterus soft, large, and boggy. If the normal retrogressive changes fail to take place, the endometrium becomes thick and succulent, symptoms of pain and a feeling of pelvic weight arise, with a heavy bearing down sensation. In these cases we usually get leucorrhœa and always menorrhagia or excessive hemorrhage at the menstrual time. The history and examination will prove that the condition follows a miscarriage or a labor.

Displacements, especially retrodeviations, frequently give rise to uterine hemorrhage. The hemorrhage together with the pain in the back, made worse by standing or exercise, with a heavy feeling in the pelvis, leucorrhœa, and a retro-displaced uterus on examination usually decides the diagnosis.

Occasionally we will have a case of severe hemorrhage at the menstrual period in which no cause can be found, and which may terminate fatally, and autopsy reveals no cause for such profusion of blood. But such cases are recorded under the name of idiopathic menorrhagia. Possibly a peculiar type of uterine hemophilia.

Uterine hemorrhage after all is really more of a sign than a disease, and it is well within our domain to insist upon the necessity of careful and persistent investigation to clear up the diagnosis or to eliminate any possibility of malignancy.

While seeking for the cause of uterine hemorrhage we must remember that in young, unmarried women it is usually of constitutional type, and manifests itself largely in a menorrhagia. In young and in middle-aged married women it is usually due to uterine displacements, fibroids, or subinvolution. In unmarried middle-aged women it is commonly due to fibroids, and in women after forty to forty-five it is usually due to fibroids, cancer, or to the usual climacteric changes. It may be due to fungoid granulation, when you will have an almost continuous hemorrhage, reducing the patient to a condition of appalling anæmia and exhaustion seldom seen, and which will persist in spite of all kinds of local and constitutional treatment.

The climacteric is largely characterized by hemorrhage which may be very exhausting and debilitating, reducing the woman to a condition almost equal to pernicious anæmia, and yet be of a benign nature. It usually comes on in one of three ways: First, the menses

stop suddenly and never recur; Second, they may stop gradually, and, Third: they may stop, if at all, after a long continued succession of hemorrhages. The first and second types give us little concern, but the third, or where we have the long drawn out series of bleedings, should make us feel solicitous for the welfare of the woman, until we are confident, after a thorough examination, that it is one of those hemorrhages of a benign character, and not due to malignant growth.

Whenever at the menopause we have unusual bleeding, a careful local examination is imperative, and is morally due the woman, in order to ascertain if the condition is due to a neoplasm, some other local cause, or to a general or constitutional disturbance.

After the menopause has once been well established, post climacteric hemorrhages are almost universally due to some local trouble, as cancer, polypi of some form, or possibly to senile catarrh or endometritis. Occasionally we may have a woman of a rheumatic or gouty diathesis have troublesome hemorrhage after change of life has been thoroughly established.

Uterine cancer is probably the most important factor which we meet at or near the menopause, and is responsible for hemorrhage in varying degrees in quantity, and also difficulty to control. It manifests itself in two forms, epithelial and glandular.

The one is usually found between the ages of forty and fifty and is rare while the woman is bearing children. The adenocarcinoma most frequently appears before forty years of age and is not infrequently found during the period of child bearing.

Buchan in his Domestic Medicine, Edition of 1772, gives a brief description of cancer, which however is not uterine cancer, but cancer in general as he observed it. "This disorder seems often very trifling at the beginning. A hard tumor about the size of a hazel nut or perhaps smaller, is generally the first symptom. This will often continue for a long time without seeming to increase or give the patient great uneasiness, but if the constitution be hurt, or the tumor irritated by pressure, or improper treatment of any kind, it begins to extend itself towards the neighboring parts by pushing out a kind of roots or limbs. It then gets the name of cancer, from a fancied resemblance betwixt the limbs and the claws of a crab. The color of the skin begins to change, which is red, afterwards purple, then bluish, livid, and at last black. The patient complains of heat, with a burning, gnawing, shooting pain. The tumor is very hard, rough and unequal, with a protuberance, or rising, in the middle; its size increases daily, and the neighboring veins become thick, knotty, and of a blackish color. The skin

at last gives way and a thin, sharp ichor begins to flow, which corrodes the neighboring parts till it forms a large unsightly ulcer. More occult cancers arise and communicate with the neighboring glands. The pain and stench become intolerable; the appetite fails, the strength is exhausted by a continual hectic fever; at last, a violent hemorrhage or discharge of blood from some part of the body, with faintings, or convulsions fits, generally put an end to the miserable patient's life."

Among the earlier symptoms of uterine cancer are: 1st, An increased leucorrhoea which the woman may have had for a good while, and as a consequence attracts little or possibly no attention. It is usually slight in epithelioma but in the glandular (adeno-carcinoma) it is quite marked, and is foul and putrid in character, due to an early necrosis of the tissues.

The next earliest symptom is hemorrhage or a bloody discharge. Whenever we have a muco-sanguineous discharge between the menstrual periods, or a discharge of a putrid character, then we have signs which will merit careful investigation, as such always indicate molecular death of tissue or necrosis. From this time on we may have almost continuous bleeding, or a bloody discharge of a foul purulent character. We usually do not get pain until we have involvement of the surrounding pelvic tissues causing pressure. We may have blood in the urine and symptoms of cystitis whenever the mucous membrane of the bladder is involved.

Pain in uterine cancer is nearly always slight where there is rapid ulceration and necrosis; so much so that we might say that it is almost in an inverse ratio to the extent of ulceration. There is usually no pain where the vaginal portion alone is affected, but pain comes on later when the disease extends to the surrounding tissues and the mobility of the uterus is lessened, and pressure on nerve trunks produced. We find a dull aching pain in the sacral region when the disease has extended well up the internal os. If for any reason the uterine outlet becomes occluded, the patient will likely complain of abdominal pain of increasing severity. We may find a pyometra. These cases are post-climacteric as a rule. We may find much pain as a consequence of the invasion of the bladder or pressure on the rectum. If the process continues or the patient lives long enough, pain will be caused by an invasion of the peritoneum, and there will be a general abdominal tenderness on palpation.

The cachectic appearance which is universal at some time of the disease does not manifest itself until the condition is well advanced in the stage of ulceration.

Cancer of the cervix is nearly always found in women who have had children. Later in the development of the disease, as the pelvis becomes more invaded there is obstructed venous circulation with possible swelling of the feet, ankles and legs, obstruction of the ureters, and pressure on the rectum with troublesome constipation. One important characteristic of cervical cancer is its ready friability, the slightest touch with finger or sound will make an adeno-carcinoma bleed, after the granulations are formed.

In the glandular type, the external os uteri usually appears normal, but a careful introduction of a sound nearly always induces bleeding. Whenever bleeding is caused by carefully introducing a sound, cancer is at least to be suspected and this suspicion should lead up to a more complete and comprehensive examination.

On making an examination for cancer of the cervix, both by touch and by sight, three things are to be noted. First, enlargement, either of the whole cervix or of only one lip which will appear swollen or nodular and puffy, with many times a shiny appearance. Often the examining finger will be bloody. There is usually some induration. Second, ulceration or necrosis of tissue. In this stage we simply have an exaggerated condition of the first, when we will find increased discharge, purulent, muco-purulent, or both, mixed with blood.

This is properly called the secondary stage, or that of breaking down. In this stage we find the induration, not of the cervix alone, but extending many times well out into the surrounding tissues.

In the third stage we again have an advanced state of the second, with cavernous ulceration, and increased symptoms of both the first and second stages, with the cervix entirely eaten away.

When a woman, between the age of 35 and 65, comes to us complaining of increased menstruation, bloody discharges between the menses, vaginal discharges or pelvic pain, an examination should be made for the beginning of malignancy.

If a bloody vaginal discharge appears after the change of life has been well passed, even though it be very small, possibly only a show, it may mean cancer.

Menstruation is little affected until the disease has become quite active, when the flow is increased. Cases which come up after the menopause usually give a history of normal menstruation until it quits entirely. But after the climacteric has become well established, the appearance of a small amount of blood should arouse suspicions of carcinoma.

Hemorrhage occurring after the menopause is almost pathognomonic of cancer of the uterus. If hemorrhage is excessive dur-



ing menstruation, before the change of life, it is generally due to a fibroid or some other uterine growth.

All statistics seem to prove that cancer of the uterus is most frequent about the time of the menopause. This is most likely due to degenerative changes at the time of the climacteric. We can state it as a fact that when a patient complains of pain before she notices anything else, that we will find, on examination that the disease has infiltrated the surrounding tissues to a great extent, that the uterus is fixed or comparatively so, and that beneficial results from operation are not to be expected.

Bibliography.

Kelly, Garrigues, Pryor, Montgomrey, Allbutt, Ashton, Buchan.

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**REPORT ON A CASE OF GASTRIC ULCER, GASTRO-JEJUNOSTOMY: RESULTS: NECESSITY OF AN EARLY DIAGNOSIS.**

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R. B. GIBB. M. D., Pittsburg, Kansas.

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Read before the Crawford County Medical Society, May 11, 1909.

The patient, Mr. M——, residing in Mineral, a Scotchman, age about thirty-eight years, with a clear family history, presented himself first at our office about five months ago, suffering from some distressing stomach condition of about fifteen months duration, the predominating symptoms at that time, being his inability to retain nourishment, accompanied by progressive emaciation. His history, leading up to that time, is a little obscure, but is as follows:

About one year ago, in Scotland, he was taken suddenly ill, with symptoms simulating acute or perforating appendicitis, namely, pain, vomiting, temperature, some distension, constipation, etc., the seat of the pain being about midway between the gall bladder and McBurnay's point, afterwards becoming general over the abdomen. The physician in charge at that time, informed him that had the seat of pain been lower down, he would have been compelled to have diagnosed the condition appendicitis. However, a diagnosis of inflammation of the bowels was made, and he was confined to his bed for about four weeks, but subsequently he improved, but has suffered from some form of gastric disturbance continuously ever since, sour eructation, burning, boring pain in the epigastrium, pain intensified when stomach was empty, but during the past six months his symptoms have been modified, namely, not manifesting such great pain, but more along the lines of inability to retain nourishment; and for the past six months, has subsisted

almost entirely upon buttermilk, and not one day has elapsed without vomiting usually from  $1\frac{1}{2}$  to 3 hours after taking nourishment; he had lost some 26 pounds in weight and had been continuously under medical care, the character of the vomit being sour, but not any evidence of blood. The suggestion of pyloric obstruction accompanied by, or following a perforating gastric ulcer was decided upon, and a stomach analysis as made by Dr. O. B. Kiehl, of this city, showed the following: acidity about normal, total absence lactic acid, blood, pus, epithelium, much undigested starch and fat globules, no sarcinal or Boas-Oppler bacilli, but showed clearly remains of food previously eaten. The capacity of the stomach was not determined.

We then made the diagnosis of the obstruction of the pylorus produced by indurated gastric ulcer that had undergone resolution and assisted by Doctors Moberg, Kiehl and Collelmo, made the usual median line epigastric incision, intending to explore the gall-bladder and appendix, in conjunction with the pylorus, in order to eliminate pyloric spasm. Exploration demonstrated normal gall-bladder ducts and appendix. Exploration of the pyloric end of the stomach revealed adhesions, with quite a large, hard, indurated mass in the region of the pylorus, which we considered verified the diagnosis. The gastric and esophageal lymphatics were not involved. We performed a no loup posterior gastro-jejunostomy, using care to bring the jejunum in a proper line with the peristalis, and after operating, placed the patient in the Fowler's position and administered a small hypodermic of morphine and atropine. The patient made an uneventful recovery, not having vomited since the operation, and left the hospital on the 15th day, without any restrictions regarding diet. The diet, during the first seven days following, was the same as adopted by the Mayo's, as follows:

The first day, absolutely nothing; second day,  $1\frac{1}{2}$  ounces hot water every couple of hours; third day, hot water alternating with beer; fourth day, buttermilk, beer and tea; fifth day, to the above, light gruels were added; seventh day, crackers, soft eggs and potato.

In our experience, our surgical stomach cases have been so few that we are not in a position to furnish any statistics. However, I recall one case, an old gentleman of about 62 years of age, who had a large carcinomatous mass in the antrum, with marked obstruction, and we decided to do a jejunostomy to secure temporary relief. He lived in comparative comfort for about six months, until the gastric opening was encroached upon, and other septic conditions developed.

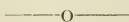
One other case, a favorable one, became slowly exsanguinated daily from a bleeding ulcer, who could not be induced to have it excised and consequently died from exsanguination and inanition.

We have had two or three other cases of advanced malignancy come under our observation, but so many complications have ensued as to make operative procedure out of the question.

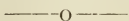
I recall, in going back over part of these cases, that the early symptoms were very much the same as the case above cited; other than the fact that there was at no time, any history of perforation.

The Mayos report 54 per cent of carcinoma of the stomach have their origin in gastric or duodenal ulcer, and later statistics will probably make the per cent higher. Ulcer, together with carcinoma of the stomach covering a reasonable period of time, from a surgical standpoint, give thoroughly satisfactory results, at the same time, with a very low rate of mortality, but the great difficulty lies in the fact that either the condition is not diagnosed early enough, or the patient will not submit to the procedure until he has drifted into a condition wherein but little good can be accomplished.

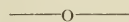
I do not mean to infer that conditions simulating gastric ulcer are indications for surgical operation but reasonable symptoms, accompanied by prolongation of symptoms or symptoms of obstruction, perforation, or hemorrhage, are surely indications for surgical procedure.



Patients who show a progressive loss of vocal power should be examined most carefully for an intralaryngeal condition. An acute aphonia may be due to an inflammatory condition or paresis of one cord; alcoholism, syphilis, tuberculosis and malignant disease bring on a chronic condition. Two most important causes of chronic laryngitis are thickening due to an old inflammatory process and the presence of a small, hard, nodular tumor on one of the cords, e. g., fibroma.—American Journal Surgery.



A gonorrhea that is apparently cured, at times, shows a reappearance of the discharge. It is usually a re-infection but not necessarily from a coitus as some physicians try to persuade their patients. It is rather in the nature of an auto-infection from some gonococci which have lingered in mucous crypts in the paraurethral ducts.—American Journal Dermatology.



The possible coincidental occurrence of both chancre and chancreoid should never be overlooked.

# THE JOURNAL OF THE Kansas Medical Society.

**JAMES W. MAY,** - - - - **EDITOR.**

**ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.**

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1905, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

**OFFICERS OF THE SOCIETY.**—C. C. Goddard, Leavenworth, President; E. E. Liggett, Oswego, 1st Vice-President; G. W. Goss, Sedan, 2nd Vice-President; B. M. Barnett Rosedale, 3rd Vice-President; Charles S. Huffman, Columbus, Secretary, L. H. Munn, Topeka, Treasurer.

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## EDITORIAL

County Secretaries are again urged to send in reports of their meetings for publication. It will serve a double purpose, viz., increase the interest taken in your society and show outsiders that you are up and doing.

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**Why Not an Annual Meeting of the County Secretaries of the State?** The prime object would be to further the plan of organization, stimulate interest and devise ways and means for bettering the condition of every society scientifically, financially and socially. This meeting could be held the day preceding the annual meeting of the State society where papers could be read and discussions indulged in to the end that our organization would be second to none in membership, attendance at the annual meeting and scientific greatness. This is not a new thing but has been adopted by other states with great success.

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The old question of the prevention of ophthalmia neonatorum has not been sufficiently agitated it would seem as the number of cases does not appear to have greatly diminished. It seems that with all the hurrah for the education of the laity, in the prevention of infectious and contagious diseases, the thought of ophthalmia



neonatorum} has escaped our notice. The fact is physicians do not have to be educated, this has been done, but increased care and watchfulness on their part in instituting the proper prophylaxis is greatly to be desired. The methods of prevention, silver nitrate, argyrol, protargoletc., all have adherents and are all efficacious when used by competent hands. The fact remains that something must be done to stir up greater interest in this subject and eradicate this dread disease, which destroys the life prospect of so many people, Let's have a committee on preventable blindness, created by the State society and disseminate literature and enthusiasm, not alone to the physicians, but to the laity, more especially, who, countless number of times employ midwives during the confinement period. Dr. F. Parke Lewis started the machinery in motion in this particular, when he introduced in 1906, before the American Medical Association, the following resolutions, which were unanimously adopted:

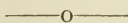
Whereas, Notwithstanding the long continued efforts of the medical profession to make generally known the infectious character of ophthalmia neonatorum and its dangers to sight, the ranks of the blind are still largely increased annually by those who have unnecessarily lost their vision as a result of this disease; and

Whereas, We possess in the silver salts an almost absolute specific for its prevention and treatment, therefore be it

Resolved, That this section recommends that a committee consisting of at least one ophthalmologist, one obstetrician, and one sanitarian, with invited cooperation of a subcommittee, consisting of the president and secretary of each State society, be appointed by the president of the association to formulate and make effective the details of a plan that may give uniform legislation and definite instruction to the profession and laity concerning the prevention and treatment of this disease;

Resolved, That this section recommend an ophthalmologist for such committee to be appointed by the incoming chairman and executive committee.

We most certainly should do our utmost and that without procrastination.



## NEWS NOTES

A building permit has been secured for the Cook County Tuberculosis Hospital, to adjoin the County Hospital, Wood and Harrison streets, Chicago, and work on the building, which will cost \$1,000,000, will soon be commenced.

Dr. C. D. Armstrong of Salina, has retired from general practice and will do special work in eye and ear diseases, in Chicago.

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Dr. N. D. Tobey, for many years a practitioner of Salina, has recently gone to Buchanan, New Mexico, and will make that place his future home.

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Dr. Francis G. Lagerstrum, formerly of Salina, and who has been traveling extensively in Europe for the last two years has returned to Salina and resumed his practice at that place.

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St. Mary's Hospital, located at twenty-eighth and Main streets, Kansas City, Mo., was dedicated May 18, and is receiving patients. The capacity is 250 beds. The medical staff has not been chosen.

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Dr. J. N. McCormack, national organizer for the American Medical Association, held a large public meeting in Kansas City, Mo., May 15, at the Central High School Auditorium, under the auspices of the Jackson County Medical Society. He also addressed the members of the Jackson County Medical Society, May 14.

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Below is a receipt showing to whom the money collected at the last state meeting for Major Carroll's widow, was paid.

War Department, Washington, D. C., May 11, 1909.  
THE CARROLL FUND

Received of Kansas State Medical Society,       \$55.50.

Dr. Chas. S. Huffman, Secretary.

M. M. IRELAND,

Major, Medical Corps, U. S. Army.

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Definite plans for the erection of a new hospital at Salina have been made. The work is under the direction of Bishop S. M. Griswold of the Salina Diocese, and funds are now being rapidly accumulated through his efforts.

The physicians of Salina subscribed liberally in the beginning, and business men and others are assisting in the work.

It is the intention to build a large modern, well equipped hospital, sufficient for the future needs of the city.

The present hospital is too small to meet the increasing demands of the place and a larger one is required at this time.

The property of the old hospital will be transferred to the new and the work will go on without interruption.

The National Association of United States Pension Examining Surgeons will hold its eighth annual session at Hotel Rudolph, Atlantic City, June 7, Dr. H. B. Walter, Harrisburg, is president, and Dr. P. Y. Eisenberg, Norristown, is secretary.

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The Kansas Medical College (Medical Department of Washburn College) at its nineteenth annual commencement held in Washburn College Chapel, April 28, 1909, graduated a fine class of seventeen young men.

Dr. C. Lester Hall of Kansas City, Mo., delivered the General Address to the Graduating Class on the subject of "Medical Ethics". Dr. C. F. Menninger gave the faculty address, drawing some lessons from the writings of Ian Maclaren.

Dr. Frank Knight Sanders, President of Washburn College, conferred the degree of Doctor of Medicine on the following Graduates; Vernon Percy Booth, Herbert Lee Clark, Joseph Chandler Denney, Arthur LeRoy Weisgerber, Karl August Bieber, Hugh Allen Hope, James Graves Stewart, David Charles Munford, Baker Ames Countryman, George Edwin Brethour, Victor Emanuel Ecblad, James Burnett Clark, William John Stewart, Perry Armstrong Loyd, Christopher Eugene Lett, Warry Milton Connor, and Jas. Culmer McGill.

After the graduating exercises, the Faculty gave a banquet at the Unity Church in honor of the Graduating Class, at which nearly one hundred and fifty guests were present.

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### THE WORRIES THAT KILL.

That part of our animal economy supposed to be the seat of the affections, is considered so elastic that fatal worry is considered rare. And yet at times something vital gives way in that part of us, and the man or woman renders up the ghost as completely as some well defined disease, recognized by the medical world, has struck its fatal blow.

A broken heart is not only laughed at, but the scientific gentlemen who know all about it insist that the heart is nothing but a pump, placed within for the control of the blood circulation, and has no more emotional feeling in it than the bone of the big toe.

And so in their wisdom they transfer the emotions to the brain, which they divide into phrenological compartments.

What positive rot all such speculations are! There was once a senator at Washington who was shot in the head, the bullet entering at comparison, traversing benevolence and firmness and

lodging in self-esteem. He lived on, quite as rationally, so far as anybody could observe, as before. Maybe the test was scarcely fair, for the average senator at Washington is not one of those brilliant specimens whose gain or loss of the thoughtful processes can be easily marked and recorded.

We locate the intellect in the skull because we feel it is there. In the same way, we put the emotions in the heart; we feel them there.

The mother hanging over the cradle of a dying child gauges the progress of the dread disease by a sinking sensation at the heart, which clouds the brain, dims the eyes and sends the breathing up through sobs.

It is not the thought that kills; or even tires; it is the worry of the heart; and this writes wrinkles on the brow of care and sickens, if it does not shorten life.

"A man, to be successful," wrote a French Bohemian, attributing his axiom to Napoleon, "may have a bad heart, but he must have a good stomach."

Fretting over the affairs of life is like friction in machinery—it heats, wears and retards. The car wheel was made a success by bringing a soft, cold metal, that might melt, but could not heat, in contact with the axle.—St. Louis Star Chronicie.

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## SOCIETY NOTES.

The Missouri State Medical Association held its annual meeting at Jefferson City, May 18-20, 1909.

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Dr. Wm. C. Gorgas, Aucon, Panama, President-elect, A. M. A., will preside at the Atlantic City, meeting.

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The Wyandotte County Medical Society has adjourned for the summer. It will convene the first Tuesday in October.

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The North-East Kansas Medical Society will hold its next semi-annual meeting in Kansas City, Kansas, Oct. 14, 1909.

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Headquarters of the Missouri Valley and Southwest Medical Association at the American Medical Association meeting, will be at the Grand Altantic Hotel.

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**THE COUNTY SOCIETY** L. Rock Sleyster, Appleton, Wis, (Journal A. M. A., May 8), discusses the conduct and utility of the



county medical society, confining his remarks especially to the rural county society. He considers it a success if even on its social side side merely it is satisfactory, but it can be much more than this. The whole success depends on a good attendance of its meetings, and this depends on the most important official, the secretary, who can keep the interest stirred up and maintain a cordial relationship with all the members, devoid of all formality. Let the program be made up at the beginning of the year and choose dates carefully. Let the subjects be those of interest to the general practitioner, and put in an ample mixture of social attractions. When possible, end each meeting with a good dinner, and at one or two meetings have an outside attraction, some specialist or even a layman doing semi-lay work. A model is given for a county society holding quarterly meetings which was practically an ideal success. Sleyster recommends also that the secretary would make an excellent addition to the house of delegates of the state society, and that in the official journals one or two pages be given in each issues to the county secretaries, and let each such worker be invited to contribute to it.

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Following is the registration at the Emporia meeting, May 5, 6, 7, 1909: Chas. S. Huffman, Columbus; R. A. Roberts, Kansas City; J. E. Sawtell, Kansas City; G. W. Goss, Salina; L. H. Munn, Topeka; O. J. Furst, Peabody; H. B. Caffey, Pittsburg; T. M. Zane, Osage City; F. F. Foncannon, Emporia; G. M. Anderson, Beverly; J. M. Parrington, Emporia; H. C. Nutting, Emporia; O. J. Corbett, Emporia; W. G. Jack, Chautauqua; J. W. May, Kansas City; W. L. Hopper, Fort Scott; G. M. Gafford, Emporia; Odell Williams, Emporia; Frances A. Harper, Pittsburg; W. D. Hunt, Emporia; F. A. Eckdall, Emporia; C. C. Goddard, Leavenworth; E. O. Henshall, Osborne; G. M. Liston, Baldwin; O. P. Davis, Topeka; Preston Sterritt, Kansas City; K. P. Mason, Cawker City; G. A. Blasdel, Garnett; C. W. Reynolds, Holton; C. A. Neighbors, Emporia; J. H. Houck, Agenda; J. A. Dillon, Larned; S. J. Crumbine, Topeka; W. H. Graves, Wichita; W. E. Royster, Chanute; D. L. Morgan, Emporia; A. F. Higgins, Emporia; J. H. Page, Emporia; O. F. Longenecker, Emporia; J. M. Moore, Madison; E. B. Emory, Winfield; C. S. Rannals, Cedar Point; F. L. Abbey, Newton; A. C. Flack, Fredonia; O. D. Sharpe, Neodesha; C. N. Petty, Altamont; T. H. Hale, Fall River; J. M. Winegar, Hamilton; H. E. Davies, Emporia; J. F. Shelley, Elmdale; N. C. Morrow, Altamont; Louise Morrow, Parsons; O. M. Longenecker, Rosedale; G. E. Wallace, Kansas City, Mo.; E. E. Wuttke, Halstead; E. E. Haynes, Lewis; W. E. Regier, Elbing; E. S. Haas, Florence; C. F. Hoover, Saffordville; J. B. Brickell, Americus; E. V. Adams, Parkerville; H. L. Cobean, Wellington; J. H. Jaquith, Emporia; L. W. Shannon, Hiawatha; M. DeTar, Kinsley; J. D. Walthall, Paola; W. F. Fee, Meade; E. J. Beckner, Seldon; W. M. Droll, Leonardsville; L. Reynolds, Horton; Herbert Randalls, White City; T. C. Biddle, Topeka; F. T. Allen, Neodesha; J. F. Hughes, Hartford; M. C. Porter, Topeka; R. A. Stewart, Russell; B. M. Barnett, Rose-dale; G. M. Gray, Kansas City; H. E. Williamson, Olathe; C. C. Uhls, White City; I. F. Roberston, Emporia; A. E. Ellswiek, Emporia; Gladdis Armor, Emporia; Myrtle P. Morrison, Emporia; H. S. Hickok, Wichita; H. Maxwell, Wichita; J. N. Ketchersid, Hope; C. L. Patton, Olpe; E. C. Fisher, Lyons; L. E. Vermillion, Lyons; W. F. Sawhill, Concordia; B. F. Chilcott, Osborne; E. M. Robertson, Concordia; H. W. Edgerton, Canton; R. G. Nelson, Glen Elder; M. Trueheart, Sterling; O. D. Walker, Salina; Jas. Welsh, Tampa; J. W. Van Blaricum, McPherson; R. C. Smith, Marion; J. D. Riddell, Enter-

prise; W. A. Klingburg, Elmo; L. O. Nordstrom, Assaria; M. D. Elder, Pequa; B. E. Egan, Waverly; M. L. Perry, Parsons; H. P. Mahan, Parsons; C. A. Thomas, Edna; J. D. Hunter, Ft. Scott; J. D. Clark, Wichita; L. L. Uhls, Osawatomie; M. R. Mitchell, Topeka; H. W. Wright, Scott City; Emma L. Hill, Oswego; C. B. Stemen, Kansas City; P. D. Hughes, Kansas City; A. R. Hatcher, Allen; B. L. Hale, Cherryvale; H. M. Casebeer, Independence; Mamie J. Tanquary, Independence; J. T. Davis, Independence; G. H. Hoxie, Kansas City; W. K. Trimble, Kansas City; R. C. Lowman, Kansas City; W. M. Caton, Kansas City; E. H. Thrailkill, Kansas City, Mo; H. O. Hanawalt, Kansas City, Mo; F. D. Lose, Madison; John Punton, Kansas City; J. R. Scott, Independence; R. T. Sloan, Kansas City; H. G. Welsh, Hutchinson; J. Werthner, Benedict; A. E. Hertzler, Halstead; Jabez N. Jackson, Kansas City; B. L. Phillips, Wellsville; J. H. Langworthy, Leavenworth; L. V. Sams, Topeka; G. R. Little, Wichita; H. B. Morton, Clearwater; F. E. Schenck, Burlingame; J. J. Sippey, Belle Plains; Melvin Collins, Oxford; E. J. Lutz, Kansas City; H. Reading, Lawrence; J. C. Shaw, Holton; F. W. Shelton, Independence; S. S. Glasscock, Kansas City; J. A. Houck, Peabody; G. E. Welsh, Emporia; W. V. Stephenson, Osage City; F. T. Brockett, Lebo; J. Jeurinck, Prairie View; E. T. Shelly, Atchison; W. T. Grove, Eureka; J. Dillon, Eureka; D. R. Campbell, Severy; D. W. Reid, Iola; C. C. Kerr, Lecompton; R. T. Gillam, Chicago; R. S. Haury, Newton; C. C. Harvey, Dunlap; R. D. Wolfe, Council Grove; Max Miller, Newton; R. S. Magee, Topeka; C. A. McGuire, Topeka; C. J. McGee, Leavenworth; H. J. Duvall, Hutchinson; H. G. Graham, Elmdale; W. H. Carr, Junction City; H. H. Hershner, Hutchinson; W. M. Litchfield, Independence; C. D. Hatcher, Americus; E. H. Johnson, Peabody; D. S. Fisher, Reading; J. G. Home, Coffeyville; G. O. Speirs, Ellinwood; W. E. Currie, Sterling; C. E. Bower, Wichita; A. D. Jones, Wichita; J. F. Gsell, Wichita; P. S. Mitchell, Iola; C. E. Longacre, Westphalia; G. W. Moore, Gas; W. R. Huylamn, Iola; F. L. B. Leavell, Gas; Jacob Hinden, Strong City; J. S. Kline, Kansas City; Hugh Wilkinson, Kansas City; J. W. Bolton, Iola; W. S. Lindsay, Topeka; J. N. Rose, Stafford; A. G. Hall, Kansas City, Mo; J. C. Roberts, Kansas City, Mo; J. P. Kaster, Topeka; L. S. Haury, Council Grove; M. F. Jarrett, Ft. Scott; H. L. Chambers, Lawrence; M. T. Sudler, Lawrence; W. E. McVey, Topeka; W. F. Bowen, Topeka; W. S. Hudiburg, Independence; R. O. Christian, Iola; C. J. Halm, LaHarpe.

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## PROCEEDINGS OF THE FORTY-THIRD ANNUAL MEETING OF THE KANSAS MEDICAL SOCIETY HELD AT EM- PORIA, MAY 5-7, 1909.

### MEETING OF HOUSE OF DELEGATES.

Masonic Temple Library, May 4, 1909, 8:00 p. m.

House of Delegates called to order by C. C. Goddard, President,  
with C. S. Huffman, Secretary.

Upon the roll being called a quorum was found to be present.

Upon motion, the reading of the minutes of the last meeting  
was waived and the same stood approved.

Minutes of Council Meeting at Topeka, January 25, 1909, ap-  
proved as read.

### REPORTS OF OFFICERS:

#### SECRETARY'S REPORT.

I respectfully submit the following report to the House of Dele-  
gates, for the year ending May 4, 1909.

In most of the organized Counties, good interest is maintained,

and the work done is excellent. The program is arranged for one year in advance, and in that way everyone on the program has sufficient notice to prepare more thoroughly, his subject, and as a result, we have much better papers. Some County Societies are now preparing to do Post Graduate work, and have written to your Secretary, relative to that class of work. This kind of work should be encouraged.

The State Organization is now as follows:

Total number of County and Multiple County Societies.....	70
Total number of Counties Organized.....	100
Total number of Counties not organized.....	5
Total number that paid dues for 1908.....	1082
Total membership on books of Society for 1908.....	1625
Total number paid dues for the year 1909.....	910

The members who died during the last year are: Dr. H. E. Hastings, of Olathe; Dr. W. H. Smethers, of Moline; Dr. J. P. Scoles, of Galena and Dr. G. A. Biddle, of Emporia. I would recommend that the State Society take some action by resolution concerning the deceased. Would also like to reiterate what I said one year ago, that the County Secretaries make prompt reports of the deaths of members, to the State Secretary and Editor of The Journal.

Dr. J. N. McCormack, National Organizer of the A. M. A., spent three weeks in April of this year in Kansas, and held meetings at fourteen different points in the State. Some of these meetings, I regret to say, were not as well attended as they should have been, but he had some splendid meetings and I know did much good.

Our financial condition is on the same solid basis, and remains the same as last year. The collections for the year being the same as last year.

#### FINANCIAL REPORT.

Amount of dues collected for the year.....	\$2200.00
Amount turned over to Dr. L. H. Munn Treasurer ..	\$2200.00
Amount in Dr. Munn's hands at last report.....	4416.21
Total.....	\$6616.21
Amount paid out during year on general account,	980.36
Amount paid out during year on Journal account.....	1077.00
Total.....	2057.36
Balance on hands.....	\$4558.85

Respectfully submitted,

CHAS. S. HUFFMAN, Secretary.

## TREASURER'S REPORT.

Mr. President and fellows of the Kansas Medical Society:

I have the honor to submit the following report:

Cash on hand May 6th, 1908.....	\$4416.21
Cash received from Sec. to May, 1909.....	\$2200.00
Cash paid out by order of Sec. & Pres. to May 4th, 1909.....	2057.36
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Cash on hand May 4th, 1909.....	\$4558.85

Very Respectfully,

L. H. MUNN,  
Treas.

## EDITOR'S REPORT.

To the Kansas Medical Society:

GENTLEMEN:—Your editor begs leave to submit the following report relative to the financial condition of the Journal:

Amount paid out for the year ending May 1, 1909, all expenses including salary of editor, .....	\$ 2,395.14
Amount received from Kansas Medical Society for subscriptions .....	1,077.00
Amount received from advertising, .....	1,694.41
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Making a total of.....	\$ 2,771.41
Subtracting the expenses,.....	2,395.14
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Leaves a balance to be returned to the Society of .....	\$ 376.27
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I wish to say in conclusion that every cent due the Journal for advertising to date has been collected.

Respectfully submitted,

JAMES W. MAY, Editor.

Motion to accept reports of Secretary, Treasurer and Editor and refer same to the Auditing Committee carried.

## AUDITING COMMITTEE'S REPORT.

We, the Auditing Committee, have examined the books of the Editor, Treasurer and Secretary, and find them correct and in accordance with the reports of the respective officers as submitted.

J. D. WALTHALL,  
D. F. LONGNECKER,  
R. A. ROBERTS.



## REPORTS OF COUNCILLORS.

## SECOND DISTRICT, HUGH B. CAFFEY.

The past year has dealt kindly with the Second District and while I have nothing to report in the way of startling accomplishments, I am glad to be able to say we have prospered and at least have held our own. It is especially pleasing to note the harmony and good fellowship that exists and in only one instance have I been called upon in the capacity of peacemaker. This case was reported to the Council at its meeting in Topeka.

Dr. McCormack's meetings, both at Independence and Pittsburg, were very successful in every particular and I am confident will result in much benefit to all concerned. Already a scheme is on in Pittsburg for occasional joint meetings of the County Society with the ministerial association and the leading citizens, to discuss matters pertaining to the public health and especially the prevention of such diseases as typhoid fever, cholera infantum, and tuberculosis. It is hoped that other counties of the district will hold similar meetings during the year.

In this connection I will say that I believe the Kansas Medical Society should employ a lecturer to tour the state and speak to the public on the subject of the prevention of disease, milk inspection systematic inspection of public schools, and last but not least, the great social and economic problems of venereal diseases. The time has come when the public must be educated along these lines. If the doctor would hope to do his full duty. I sincerely hope this matter will be thoroughly discussed at this meeting of the State Society.

## FOURTH DISTRICT, O. J. FURST.

I can't say that I have done much in this district. I haven't had time. I think there ought to be a state organizer appointed to go around over the state and look after these county organizations. The County Societies are all in good shape, some of them meeting weekly, most of them monthly. This all depends on the county secretary. If they have a poor secretary the society soon goes to pieces.

I would suggest along this line that we take steps at this meeting to have a State Organizer appointed, someone to visit the different counties at least twice a year and try to stimulate interest in the work. If we do not have that, then I think we should cut down the districts and have at least twice as many councillors, making the districts up of counties available to the railroads. In

my district it would take three days to visit all the counties once a year, some of them taking a whole day to a county.

These people in the County Societies have little scraps that need to be talked over and when they are adjusted they get along all right again, but about every six months they get cross-ways and have to be adjusted. As soon as we can get along without these little things, we will have the society where it ought to be.

We ought to have at least fifteen hundred paid up members in this society instead of only a thousand. I believe there are twenty-two hundred doctors in the state and there ought to be at least fifteen hundred in this society and we can't get them until we find some other way of getting at the county society.

#### FIFTH DISTRICT, O. P. DAVIS.

I am like Dr. Furst, I have not been a very active visitor about my district for the reason that I could not illicit replies to the letters I would send out looking toward future meetings at which I might be present and meet the societies. For some reason a letter I would write to the officers of a county society did not seem to be accepted as it should and I took such silence on the part of these officers to mean that my services were not desired although other interpretations might be placed upon it I suppose. I don't believe they are all hostile. I do feel diffident about butting in on a society if they are doing well, and I have learned indirectly that most of the societies in my district are doing well and meeting pretty regularly.

There is one county in the Fifth District which has not yet been organized, or, if so, has been imperfectly done. That is Morris county and I have directed my efforts toward the possible organization of this county. Through Dr. Huffman I obtained the names of the proper persons to address letters to and I wrote them and received rather encouraging answers. They said they would take steps to arrange a meeting at which I was to be present and assist them in organizing. They gave the names of persons throughout the county and I wrote them and appealed to them to bring about this meeting and by no means to allow a meeting to be held without organization. I have not heard from them. I would be glad to hear from somebody as to how to get at these people.

About the Dr. McCormack meetings. It was decided by Dr. Huffman and others to have his two meetings at Abilene and Manhattan. Dr. McCormack had met with and addressed the legislature at Topeka and it was left out. I wrote letters to these places and appointed men, but got no answers, although I requested im-

mediate replies. Then I went to Abilene to see about the meeting and select a time when they thought there would be representatives from Manhattan and I again wrote the people at Manhattan concerning the meeting. I have since learned that Dr. McCormack is laying in the bushes waiting for me and perhaps Dr. Huffman on account of the rather poor results met with, but I couldn't go down there and camp out and hold revival meetings.

About the need of a State Organizer. These county societies don't thank us much for any officiousness shown on our part in telling them what to do, but anybody appointed to go throughout the state to organize them and make that his business, they would pay some attention to him and he could afford to do it too, because he would be paid for it. I suppose there are men right here in this state who don't make over \$6,000.00 a year, and I would be willing to make out a promissory note for that amount and sign Dr. Mays name to it to pay the Organizer for his services.

#### SEVENTH DISTRICT, PRESTON STERRETT.

I can't joke as much as Davis, but I appreciate his remarks in regard to the McCormack meetings. They never got him around to me until lately. He is a magnificent talker, but he only had one meeting that was successful.

I have visited Johnson County in my district, in which there is a man supposed to be doing an illegitimate business and I was asked in regard to his coming into this society. He was wanting to join and was threatening to sue the county society if they did not let him in. The question was put to me, "What should be done?" The constitution of the State Society says that it should be put up to the county society as to whether he should be admitted or not and I told them that if the man was not eligible he should be so declared by the county society.

Councillors from the First, Third, Sixth and Eighth Districts were not present and no reports were read.

#### UNFINISHED BUSINESS.

The Secretary read a letter concerning the death of Maj. Jas. Carrol, and the President appointed a committee of three to investigate the matter and report later.

There being no further business on motion, seconded and carried that the House of Delegates adjourn.

#### MEETING OF HOUSE OF DELEGATES.

Masonic Temple Lodge Room, May 7, 8:30 A. M.

House of Delegates called to order by President C. C. Goddard, C. S. Huffman, Secretary.

Upon the roll being called a quorum was found to be present.

#### ELECTION OF OFFICERS.

The following officers were elected for the ensuing year:

President, O. J. Furst, Peabody.

1st Vice-President, Dr. F. F. Foncannon, Emporia.

2nd Vice-President, J. D. Walthall, Paola.

3rd Vice-President, J. P. Kaster, Topeka.

Treasurer, L. H. Munn, Topeka.

Librarian, S. G. Stewart, Topeka.

By the adoption of the amendment to the by-laws, twelve districts were created, and those elected to fill vacancies and expirations were: Drs. C. W. Reynolds, Holton; Preston Sterrett, Kansas City; W. E. Currie, Beloit, and O. D. Walker, Salina.

The following appointments were made to fill the newly created districts: Dr. Arch D. Jones, Wichita; C. S. Kenney, Norcatur; E. J. Beckman, Selden; and W. F. Fee, Meade.

These deputy councillors were appointed for a period of one year. The following is a list of the Councillors and their districts as they stand and the term for which they serve:

1st—C. W. Reynolds, Holton, 3 years.

2nd—Preston Sterrett, Kansas City, 3 years.

3rd—Hugh B. Caffey, Pittsburg, 1 year.

4th—O. P. Davis, Topeka, 2 years.

5th—W. E. Currie, Sterling, 2 years.

6th—Arch D. Jones, Wichita, 1 year.

7th—F. M. Daily, Beloit, 3 years.

8th—O. D. Walker, 3 years.

9th—C. S. Kenney, Norcatur, 1 year.

10th—E. J. Beckner, Selden, 1 year.

11th—J. A. Dillon, Larned, 1 year.

12th—W. F. Fee, Meade, 1 year.

The following resolution was read and adopted as read:

Realizing that the tendency of the times is drifting toward selfishness and less hospitality, that the greed for gain is to too great an extent over-ruling honor and honesty and that the medical profession is being victimized to a deplorable extent, and,

Seeing that from acts of other State Societies satisfactory relief is at our will and that an opportune time has arrived to start this movement, be it

Resolved, that the President appoint a committee consisting of three members to formulate plans for a Physician's Defense Organization within this society to report at the next annual meeting.



It was moved and adopted that a committee be appointed to re-district the State into Twelve Councillor Districts. The president appointed Drs. R. A. Roberts, J. E. Sawtell and O. J. Furst, and they presented the following report:

The State shall be divided into twelve Councillor Districts, defined and numbered as follows: 1st District—Nemaha, Brown, Doniphan, Jackson, Atchison, Jefferson, Marshall, and Washington counties. 2nd District—Leavenworth, Wyandotte, Johnson, Douglas, Osage, Franklin, Miami, Coffee, Anderson, Linn. 3rd District—Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette and Cherokee. 4th District—Clay, Riley, Pottawatomie, Waubunsee, Geary, Dickinson, Morris, Lyon and Shawnee. 5th District—Barton, Rice, McPherson, Marion, Chase, Greenwood, Butler, Harvey, Reno and Stafford. 6th District—Pratt, Kingman, Elk, Chatauqua, Cowley, Sumner, Harper, Barker and Sedgwick. 7th District—Rooks, Osborne, Jewell, Mitchell, Republic and Cloud. 8th District—Ellis, Russell, Lincoln, Ellsworth, Ottawa and Saline. 9th District—Cheyenne, Rawlins, Decatur, Norton, Phillips, and Smith. 10th District—Sherman, Thomas, Sheridan, Graham, Trego, Gove, Logan and Wallace. 11th District—Ruch, Pawnee, Edwards, Ford, Hodgeman, Ness, Lane, Gray, Finney, Scott, Wichita, Kearney, Hamilton, and Greeley. 12th District—Kiowa, Comanche, Clark, Meade, Seward, Haskell, Stevens, Grant, Stanton, and Morton.

This committee also recommended that the President appoint Councillors to have jurisdiction over the newly created districts, in accordance with Sec. 2, Art. 7, of the Constitution, and also recommended that Councillors holding over be given jurisdiction over the Districts to which they belong the counties of their residence. This report was adopted as presented and read.

At the Council meeting, Friday, May 7, at 10 A. M., Dr. O. P. Davis, of Topeka, was elected Associate Editor of The Journal of the Kansas Medical Society. It was also ordered that all Councillors report items of interest from their district to the Journal. It was decided to form an Executive Committee of which the Chairman and Secretary shall be ex-officio members, and this Committee consists of five Councillors. The president appointed the following Councillors as members of that Committee:

F. M. Daily, Beloit; A. D. Jones, Wichita; Preston Sterrett, Kansas City; O. P. Davis, Topeka; H. B. Caffey, Pittsburg.

The following amendments and changes in the Constitution were adopted at this session, to be voted on at the next annual meeting of the Society.

Change in Article VIII:

Sec. 2. The time and place for holding each annual meeting shall be fixed by the Council.

Change in Article IX:

Sec. 1. The officers of this Society shall be a President, three Vice-Presidents, a Secretary, a Treasurer, and such number of Councillors as may be determined by the House of Delegates.

The following Amendments and changes in the by-laws were adopted:

Change in Chapter IV:

Sec. 1. The House of Delegates shall meet on the first day of the Annual session. It may adjourn from time to time as may be necessary to complete its business; provided, that its hours shall conflict as little as possible with the general meetings. The order of business shall be arranged as a separate section of the program.

Change in Chapter V.:

Sec. 2. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the second day of the general session.

Change in Chapter VII:

Sec. 1. The Council shall meet on the first day of the regular session, and daily during the session, and at such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councillors. It shall meet on the last day of the annual session of the society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the secretary of the society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Change in Chapter VII.:

Sec. 2. Each Councillor shall be organizer, peace-maker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing competent societies where none exists,; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district at the annual session of the House of Delegates. The necessary traveling expenses incurred by such Councillor in the line of his duty herein imposed, together with per diem, not to exceed five (\$5.00) dollars, may be allowed by the House of Delegates on a properly itemized statement., but this shall not be construed to include the expense in attending the Annual Session of this Society.

Amendment to Chapter VII:

Sec. 6. The Council shall have power to create committees from its number and to endow them with authority to act in the interim between annual meetings of the Council upon all matters which would ordinarily require called or special meetings of the Council.

The committee appointed to take up the matter of the fund for the widow of Major James Carroll, reported that they had collected \$55.50 and it was turned over to the Secretary with instructions to send it to Major M. W. Ireland, U. S. Army. This was done and the Secretary holds his receipt for that amount.

Committee on Physician's Defense Organization appointed, consisting of W. L. Hopper, Chairman, J. D. Walthall and J. E. Sawtell.

Invitations were extended by Topeka, Wichita and Hutchison to the Society to meet with them next year.

Upon vote of the House of Delegates, Topeka was selected.

There being no further business to transact, the motion was made and seconded to adjourn.

Motion carried.

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The scientific part of the program began Wednesday morning, May 5th, and lasted until noon Friday, May 7. The papers will be published in the Journal during the year.

CHAS. S. HUFFMAN, Secretary.

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## THE ORIGIN OF THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE.

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Dr. S. W. WILLISTON.

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Formerly Dean Medical Department Kansas University.

As early as 1890 the University of Kansas offered to students of medicine a single year's work in the scientific branches, which work it was hoped would be accepted by reputable medical colleges in lieu of similar work in the medical schools proper. Unfortunately, the requirements of the various State Boards of Health forbade such recognition for work done outside of the strictly professional schools, and the course failed in consequence to attract any considerable number of students. It became necessary therefore, either to abandon all attempts to do work considered by the medical colleges as professional; or to so extend and strengthen the medical courses in the University as to compel their recognition. Various

attempts were made in the succeeding years to affiliate or intergrate the medical work with some recognized medical college of the state, but without success. In 1897 a rather bold plan was formulated to provide a medical course of two year's extent, to be in all respects of the character and of the quality of the first two years work in the best medical colleges, eliminating only any clinical studies and substituting in their place the strictly scientific work of the last two years of some college. It was expected that as soon as the capacity and desire of the University to provide such instruction of a high character was demonstrated, it would receive the recognition of the better colleges throughout the country, an absolutely vital necessity, since without direct articulation with institutions granting the medical degree, the course was doomed to absolute failure. The scientific departments were extended and so modified as to furnish facilities for instruction of a medical character; the department of physiology was greatly extended and given facilities for high grade laboratory work; and for the first time in an American University not granting the degree of Doctor of Medicine, the department of human anatomy was founded and provided with the best facilities.

Thirty-two students matriculated in the autumn of 1898, at the opening of this two year's course, twenty-three of whom completed the course with credit, all of whom (save one or two who abandoned further professional studies) are now reputable practitioners of medicine. From the beginning, it was the policy of the faculty to demand thorough work on the part of its students, knowing that the only hope of success for the school lay in the character of its graduates; and this policy has been continued, I believe, to the present time. During the writer's connection with the school, not a single one of its graduates failed to receive full credit for the work done at the University of Kansas, nor has any been plucked or conditioned in his further work.

A fight for the recognition of this two years course was anticipated from the start, because of the peculiar and somewhat medieval requirements of licensing boards in America, but no one anticipated that this struggle for recognition would be so severe as it was. The various Boards of Health refused at first, as formerly, to receive as candidates for practice students who had not pursued a full four year's course in medicine at a "regular medical school in good standing," and since the medical school did not grant the degree of doctor of medicine it could not claim to be a "regular medical school." The result was that American colleges of medicine refused to receive on any condition the graduates of the



course for advanced standing; and failure was again imminent.

As a preliminary to the recognition of the work done at the University of Kansas, it became necessary to obtain recognition of it by its own faculty, which would seem to be a trifling thing, but which in reality was perhaps the most difficult of all. Some of the conservative of the University faculty opposed the recognition of human anatomy and physiology as being equivalent to the work done in comparative anatomy and physiology previously done at the University, which was recognized as not being professional in character, and consequently not so useful to the student. By persistence, however, this opposition was overcome in June 1899. A few days later the present writer presented the claims of the school to recognition before the Association of American Medical Colleges, which had hitherto refused such recognition. The fight here resulted in victory, afterward consummated at the meeting of the Association at Atlantic City. It was supposed that this would be the end of the matter, but unfortunately the Illinois State Board of Health, one of the most influential of the country at that time, still refused recognition; preventing the acceptance by the Chicago Colleges of Medicine of students from the University for advanced standing. Inasmuch as this refusal set a very pernicious standard, it became necessary that it should be reversed. By personal interviews with the president of that Board, and with the assistance of President Harper of the University of Chicago, this recognition was finally won; and the telegram acknowledging that fact a little later gave the greatest encouragement to the faculty of the University of Kansas School of Medicine. Finally in the spring of 1902 like recognition was granted by the Regents of the University of New York; and the Kansas University School of Medicine was finally established as a "reputable school of medicine," though giving only the first two years' work of the course and not granting the degree of Doctor of Medicine. Since that time, various like courses have been established in other Universities of America, receiving recognition as a matter of course; but the University of Kansas was the pioneer that made the way easy.

As early as 1876, the writer, while a student of medicine at the University of Iowa, urged in various papers of Kansas and Kansas City the immediate establishment of a school of medicine as a part of the University of Kansas. He little supposed at the time that he himself would be given the privilege so many years afterward of assisting in the establishment of that school. Nothing in his life has been a greater source of satisfaction to him than his participation in the founding of the Kansas School of Medicine;

because he firmly believes that in the end all colleges of medicine must become integral parts of the great universities and especially of the state universities; that through them the highest advancement of medical education must be made. It was his privilege to serve various terms as a member of the Kansas State Boards of Health and Medical Examination; and as a member of the Board of Health, he urged an attempt on the part of the board to establish adequate laws controlling the practice of medicine in the state of Kansas, previous ones framed by the physicians of the state having repeatedly failed. A committee appointed by this board in the summer of 1901, of which the present writer was chairman, after a thorough study of the medical practice laws of the various states of the Union, drafted laws which after minor changes by the board, and other unimportant ones by the legislature, became the present laws controlling the practice of medicine in Kansas. Various others have laid claim to the authorship of these laws, but the writer here once for all would emphatically state that whatever credit these laws should receive is due the committee of the State Board of Health. It was very evident to all that not only the practice of medicine, but all schools of medicine in the state of Kansas, must suffer in the laxity of laws governing practice; and the inauguration of proper medical laws, the writer firmly believes, has been a direct and important aid in the development of the Kansas University School of Medicine.

The writer, though no longer connected with the University of Kansas or its medical school, rejoices as much as can any one in its development, and is confident that it has a brilliant and most useful future before it.

(Signed) S. W. WILLISTON.

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### INCREASING PREVALENCE OF ANIMAL TUBERCULOSIS.

(Press article from the Bureau of Animal Industry, U. S. Department of Agriculture. A. D. Melvin, Chief of Bureau.)

Washington, D. C., April 30, 1909—The reports of the Bureau of Animal Industry of the United States Department of Agriculture indicate that tuberculosis among live stock is steadily increasing, as shown by the number of animals found affected at the various slaughtering centers. The increase in the number of cases found is due in part, but only in part, to the increased efficiency of the method of inspection. The meat inspection figures show that nearly 1 per cent of cattle and over 2 per cent of hogs slaughtered are tuberculous, which is surely an alarming condition.

Feeding experiments conducted by the Bureau have proved conclusively that hogs are readily affected through the ingestion of feces and milk from tuberculous cows. There is therefore no doubt

that the prevalence of the disease in hogs could be greatly reduced simply by eradicating it from cattle.

Considerable testing of cattle has been done in Washington, D. C., and vicinity for the purpose of assisting the District authorities in obtaining a pure milk supply, and of obtaining for the Bureau further information regarding the extent of tuberculosis in the locality and for other purposes. In these tests about 17 per cent of the dairy cattle reacted.

The per centage of tuberculosis in various states, shown by tests conducted by the officials in those states with Bureau tuberculin, indicates that from 2.79 to 19.69 per cent of the cows react, and it is estimated that in the country at large at least 10 per cent of the cows in dairy herds are tuberculous.

The recent agitation against the milk of tuberculous cows as human food has had the effect of causing many herds to be examined, with astonishing results not only to the owners but to the officials themselves. Can it be wondered at that so many infants and children die of intestinal tuberculosis when so many of the cows from which milk is obtained are tuberculous?

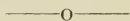
Without considering the matter as a public health question but looking at it entirely from an economic standpoint and as a business proposition, livestock raisers cannot afford to have tuberculosis in their herds. As an illustration, Argentina requires that all cattle imported into that country shall be subjected to the tuberculin test upon arrival, and as a consequence exporters from the United States have had the test made on cattle intended for shipment. The results of these tests showed that in some of the pure-bred herds nearly 50 per cent of the animals were diseased and in consequence sales were lost.

When the practice becomes general for all buyers of breeding cattle to have animals tested before placing them in their herds the breeder of strictly healthy cattle will be much sought after. Already some breeders of pure bred cattle have established or are arranging to establish such herds. As soon as the breeders understand the fact that it is unprofitable to go on breeding cattle while tuberculosis exists in their herds much of the objection raised against the sale of live stock subject to inspection will disappear, for it would be worth the price of several condemned animals for the owner of a valuable herd to know the fact early as possible if the disease exists in his herd, as the longer he delays in taking steps to prevent its spread the greater will be his loss eventually. Figures for the last year secured from abattoirs where Federal inspection is maintained show that over 10 billion pounds of meat was

inspected, 46 millions pounds of which was condemned, nearly three-fourths being for tuberculosis.

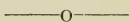
The recent effort of the large packing interests to buy all dairy cows subject to post-mortem inspection shows how serious the plague is becoming. Sooner or later the man who raises tuberculous animals must suffer the loss, unless the loss is paid for out of public funds; and when the loss is placed upon the producer we may then know that the end of the disease is in sight.

It may at some time be necessary for the Federal Government to quarantine against interstate shipments of cows from certain states where the disease prevails to a considerable extent, and require a strict supervision over all animals removed from such states, for interstate shipment, and only remove the quarantine from sections of the state when it has been demonstrated that the disease either has been eradicated or is under strict local quarantine.

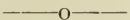


## CLINICAL NOTES

Urticaria, eczema and erythema sometimes produce almost intolerable itching of the skin. Various local applications have been used, with more or less success. It is stated on good authority that ten-drops doses of the balsam of copaiba, taken three times a day, will allay the itching in such cases, and prove beneficial in other ways.—Medical Fortnightly.



Red nose is not always rosacea and is not to be attributed to indulgences in alcoholics in every case. The coppery hue so often seen is rather to be looked upon as syphilitic in nature and, as such, it requires active internal and external specific treatment. In acne rosacea we see pustules and telangiectases which are not prominent in the luetic form of red nose. Sulphur improves the former, but does harm to the latter. Care is necessary in making a diagnosis.—American Journal Dermatology.



The only satisfactory way to treat a keloid is by exposure to x-ray. Excision is not successful because it is followed by larger growth than before and all other destructive measures meet the same difficulty. Treatment by thiosinamin has been recommended. Injections of this drug along with massage will cause temporary improvement, but the condition returns on the cessation of the treatment. By exposure to x-rays just short of producing a moderate reaction, or by the production of a moderate x-ray reaction, great shrinking can generally be produced in a keloid. Usually



by treatment in this way it can be converted into a smooth flat scar.—Journal A. M. A.,

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**Carcinoma of the Bowels in the Young.**—Cancer of the bowels, particularly of the appendix, seems to be more common than has been generally supposed according to J. Skelton Horsley (Journal A. M. A., May 8), who accounts for it by the peculiar character of the appendix, which, as a vestigial organ, offers less resistance than the actively functioning organs, of the body. There may be a weakened resistance in persons whose tissues are prematurely old from hardship or constitutional disease, and this may be localized in the appendix. Another reason is that, in the young, the disease in this location may take a peculiarly virulent form, as has often been noticed, and permit cancer of the average type to gain a foothold or an unusually virulent cancer to overcome an average resistance. But if the patient is otherwise of normal resistance there is no good reason to suspect any greater degree of malignancy than in older persons. In fact the normal resistance of other parts would seem to favor the limitation of the disease to the locally less resistant tissues. This theory is supported by the fact that, in the great majority of cases, operations for cancer of the appendix have been followed by no recurrences after a number of years. Horsley reports a case with some unusual features. It did not proceed with the same rapidity as usual, and the cancerous nature was not fully revealed until the pathologic examination after the patient's death. It shows, however, that we should not exclude carcinoma on account of the youth of the patient (in this case 23 years). Horsley thinks that when the disease is due mainly or solely to a lessened resistance of a vestigial organ like the appendix, the chances of permanent cure after excision are excellent.

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**SUBMUCOUS PERINEORRAPHY.**—W. W. Babcock, Philadelphia (Journal A. M. A., May 15), criticizes the modern methods of perineorrhaphy and describes the technic which he has adopted since 1902. The principles on which it is based are the following: "First, no tissue is removed or extensive denudation made. Second, buried, absorbable, layer sutures are used exclusively, none of which penetrates the skin or mucous membrane. Third, the operation is done from the outside of the vagina, rendering the introduction of sutures easier and the exposure of tissues better than with those operations done from within the vagina. Fourth, each structure is sutured with precision under the guidance of the eye: there is no blind groping with the needle for tissues not seen and

perhaps not felt. Fifth, each of the layers of the perineal floor—vaginal wall, submucosa, muscular supports, fascial planes, and skin are united seratim, in layers after the plan of the better types of herniotomy. Sixth, the vagina is not separated from the rectum and therefore there is no danger of wounding the bowel." He claims for this method the advantages of restoring and increasing the length of the vagina instead of shortening its posterior wall; better supporting the anterior one; restoring the normal H-shape section instead of destroying the lower lateral sulci; requiring no removal of sutures or use of foreign bodies like shot, and the avoiding of all seton action of fluid through sutures. The technic is described in detail but does not lend itself to abstracting without reproducing the illustrations. All the sutures being buried and the layers bound together compactly there are practically no dead spaces.

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**Dangers Associated with Removal of the Tonsils and Adenoid Growths.**—F. C. Ard of Plainfield, N. J., names two sources of danger after tonsillotomy—hemorrhage and sepsis. That hemorrhage is not without danger is shown by the number of reported cases of severe hemorrhage after the operation. When constitutional it arises from anemia, exophthalmic goiter, hemophilia, valvular disease of the heart, and operating at the menstrual period. When local it arises from abnormal distribution of the vessels, incomplete operation, or operating in the presence of acute inflammation. The tonsillar artery is the source of arterial hemorrhage. Injury of the posterior pharyngeal pillar is another cause. It may occur as long as fifteen days after the operation. Persistent spraying with dioxygen or adrenalin will aid in adenoid hemorrhage. After tonsillotomy the connection of the anterior and posterior pillars by a ligature with a tampon placed between is valuable. A rash has been observed a day or two after tonsillotomy in some cases. Rheumatism and septic diseases have followed it. Middle ear inflammation also occurs. The author gives brief accounts of a large number of reported cases of hemorrhage after tonsillotomy. The tonsil is worthy of more painstaking study. Technique in its removal should receive greater care, and tonsillotomy should be a hospital operation.—Medical Record, March 6, 1909.

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**Obscure Temperature Elevation in Children.**—Kerley, in Archives of Pediatrics, states that among the difficulties in diagnosis encountered by those who work with children, obscure elevation of the temperature stands out prominently, and an explanation

of such obscure elevation of the temperature over the normal may rest upon the presence of pyelitis, a disease not infrequently found in female children.

Among the cases of acute pyelitis which have come under my observation there were certain features which were characteristic of all the cases.

First: All occurred in female children.

Second: All were under four years of age.

Third: All gave the history of a preceding fairly severe acute intestinal infection.

Fourth: All appeared well excepting when temperature was active.

Fifth: All showed pus in the urine.

Sixth: All gave the history of, or showed, an indefinite and irregular temperature, a temperature that might be high or low; it might be high in the morning and low in the evening. In fact, the characteristic of the temperature was its extreme variableness when active, followed by intermissions of normal temperature periods.—Medical Standard.

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**Acne Vulgaris.**<sup>1</sup>—Cole summarizes his valuable paper as follows:

1. Acne vulgaris is usually a pyogenic infection implanted on a skin whose functions are perverted by the influence of age, reflex disturbances or seborrhea.

2. Acne rosacea is an acne implanted upon a chronic hyperemia or rosacea which arises almost invariably from reflex influences from the gastrointestinal tract or pelvis.

3. Internal treatment in both varieties of acne is exceedingly important. Reflex disorders must be sought for and corrected, if possible, before the best results can be obtained.

4. External drug treatment in both diseases is usually disappointing. Sulphur in the form of lotio alba properly made is the best external preparation, and should vary in strength suitable to the condition of the disease.

5. Mechanical treatment, such as the use of hot water, soap, massage and the dermal curette, is exceedingly valuable.

6. The opsonic method in acne vulgaris is promising.

7. The Roentgen treatment of both acne vulgaris and acne rosacea is the most valuable. In its certainty of cure and infrequency of relapse it almost approaches a specific.

8. The technic of using the x-ray, say in acne, is of paramount importance. If the ray is properly applied there should be few if any failures and no undesirable effects.

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### TREATMENT OF FRACTURES OF THE PATELLA, WITH REPORT OF THREE RECENT CASES, WITH ACCOMPANYING SKIAGRAPHS.

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DR. GEO. M. GRAY, Kansas City, Kansas.

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Read Before the Kansas Medical Society, May, 5, 1909.

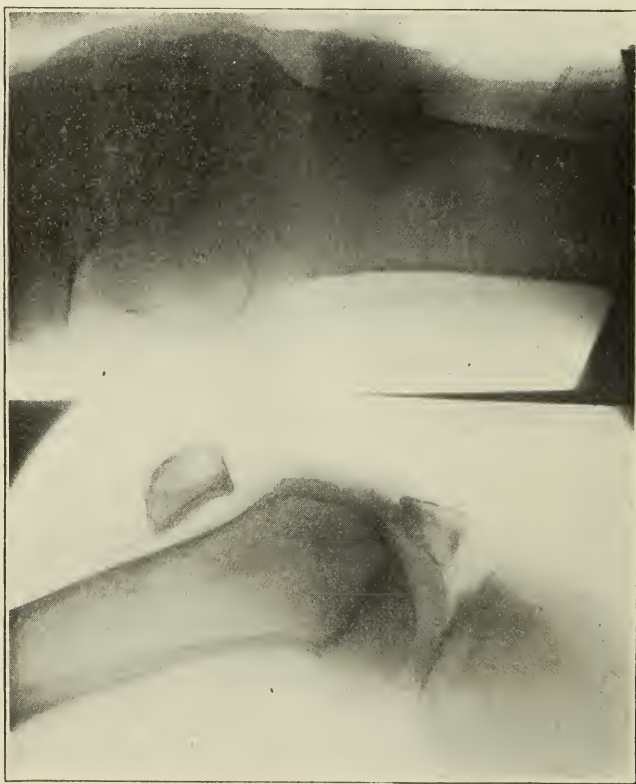
The patella is quite properly regarded as a sesamoid bone developed in the strong aponeurotic tendon of the quadriceps extensor, and is frequently fractured by muscular action owing to the great force exerted on it by the extensor muscles of the thigh. The line of fracture may be either transverse, oblique, longitudinal or stellate.

It is of the transverse and oblique varieties that I wish to speak, as it is in these varieties that the results obtained by non-operative methods have been unsatisfactory, owing to the wide separation of the fragments and the great impairment of the joint function and muscular strength of the thigh. I think it is generally conceded that bony union is not to be looked for in the non-operative treatment. Some claim that it is obtained and others that it never occurs. But there is no question but that if bony union is ever obtained it is very rare, especially in the transverse fractures, the union being fibrous. The strength of the union will depend upon the degree of separation in the fragments. Muscular action has been the cause of more than fifty per cent of the cases that have come under my care. Usually slipping on something and in the effort of the individual to keep from falling the contraction of the quadriceps extensor snaps the patella. This probably occurs when the knee is slightly flexed. The patella being fixed by the tendon patellæ below and with the knee semi-flexed the quadriceps exerting a sudden pull from above snaps the patella across the lower surface of the femur. The degree of separation in the fragments



will depend to a great degree upon the amount of tearing of the lateral aponeurosis of the quadriceps that portion formed by the fascia lata.

The synovial membrane of the knee joint lies directly beneath and is attached to the posterior surface of the patella, and the joint cavity is usually opened by tearing of the synovial membrane in all fractures of the patella. In fractures at the lower portion of the patella, the joint might escape as the synovial membrane is reflected from the posterior surface of the patella some distance from the inferior border of the bone, making it possible to break the patella in the lower portion without rupturing the synovial membrane and opening the joint. Rupture of the quadriceps tendon or of the ligamentum patella is as serious an injury as far as probable loss of power of extension of the leg is concerned, as fracture of the patella. It is not an accident that is likely to occur without tearing off of some small portion of the patella, as was the

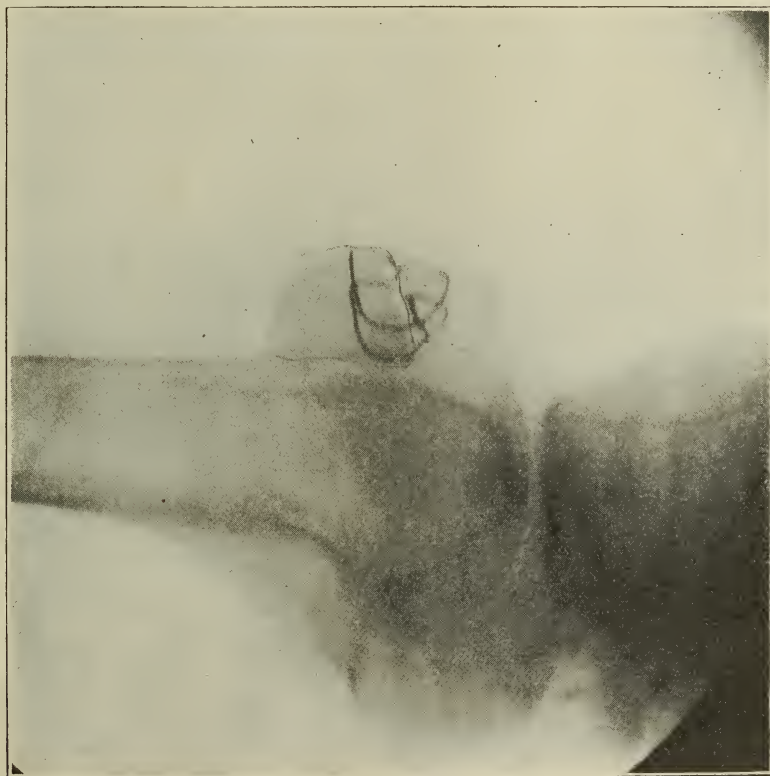


CASE NO. 1.—Condition prior to operation.

case in one which I will report. The skiagraph shows a tearing off of the superior portion with rupture of the quadriceps. The function of the limb in this case was as much disturbed as in the transverse fracture which I will show you in report of case number two.

The indication for treatment in these fractures are:

(1) To get rid of the hemorrhage into the joint, which is always considerable; (2) to secure and maintain accurate coaptation of the fragments until union can occur; (3) to restore the function of the joint. Fixation on a posterior splint, and the application of a bandage, preferably an elastic one, will, as a rule, assist in the absorption of the blood so that the fragments can be coaptated to better advantage after three or four days. Where the separation is not more than one inch, it is usually possible to coaptate the fragments, by extending and fixing the leg upon a posterior splint, then bringing the fragments together by direct force and holding them so, by means of adhesive straps applied above and below the fractured patella, crossed and attached to the splint.



CASE NO. 1.—Two weeks after operation.

By this method we may be able to secure ligamentous union with close apposition of the fragments and, as a rule, this gives a fair restoration of the function of the limb; but not all we should desire.

In the operative treatment, every requirement of strictest asepsis must be secured, and unless the patient is in such surroundings and the physician thoroughly trained in asepsis, the operation should not be advised. If the operation can be performed without infection, the result is much better than can be expected in the non-operative treatment.

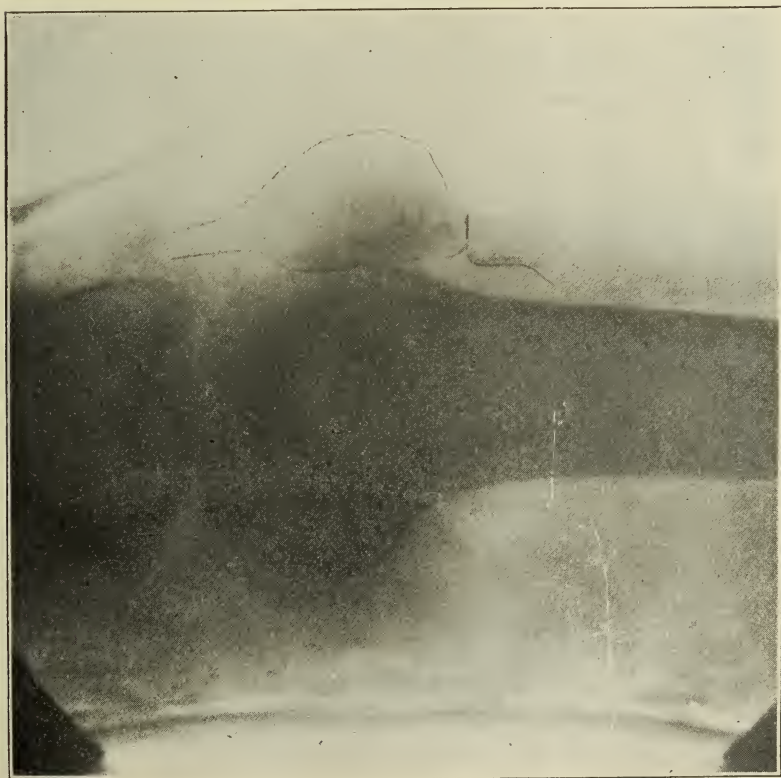
In the operative treatment, most surgeons prefer to wait until the end of the first week, making no effort to maintain coaptation of the fragments other than a bandage snugly applied over the joint and a posterior splint. The skin should be thoroughly scrubbed with green soap and water, and then a wet dressing of gauze dampened with a 1 to 2000 bichloride of mercury solution



CASE NO. 2.—Condition prior to operation.

kept in contact with the parts from the ankle to the middle of the thigh for twenty-four hours before the operation is attempted.

The incision is not of very great importance and will be largely a matter of individual choice. I prefer a longitudinal incision, two or three inches in length, made directly over the patella. The curved or horseshoe incision is probably more generally employed, but has no advantage over the longitudinal. If the operation is performed early, the joint will be found to contain considerable blood, both fluid and clots. This should be removed by pressure with the hands over the upper and lateral portions of the joint, gently sponging it away with damp sponges. No irrigation of the joint should be used as a little blood that is sterile if left in the joint will be absorbed, and do no harm. The fragments can be tied together with cat gut, chromic or formalized, passed through two or three drill-holes in each fragment. Number one cat gut double is preferable, as it is of sufficient strength, and more certain to be sterile. And over this the aponeurosis is sutured with the



CASE NO. 2.—Two weeks after operation.



same material and the soft parts closed by buried suture, no drainage being used. A dressing of bichloride gauze with layers of absorbent cotton and roller bandage being applied, the limb is then placed in a plaster cast which is not disturbed for four or five weeks. Then the cast can be removed and passive motion begun, the patient being allowed to use the limb moderately, but no effort being made to fully flex the limb for another two or three weeks.

Wire, either silver or copper, is much used for suturing the fragments, especially in old fractures such as case one. The technique being the same as for cat gut as described above.

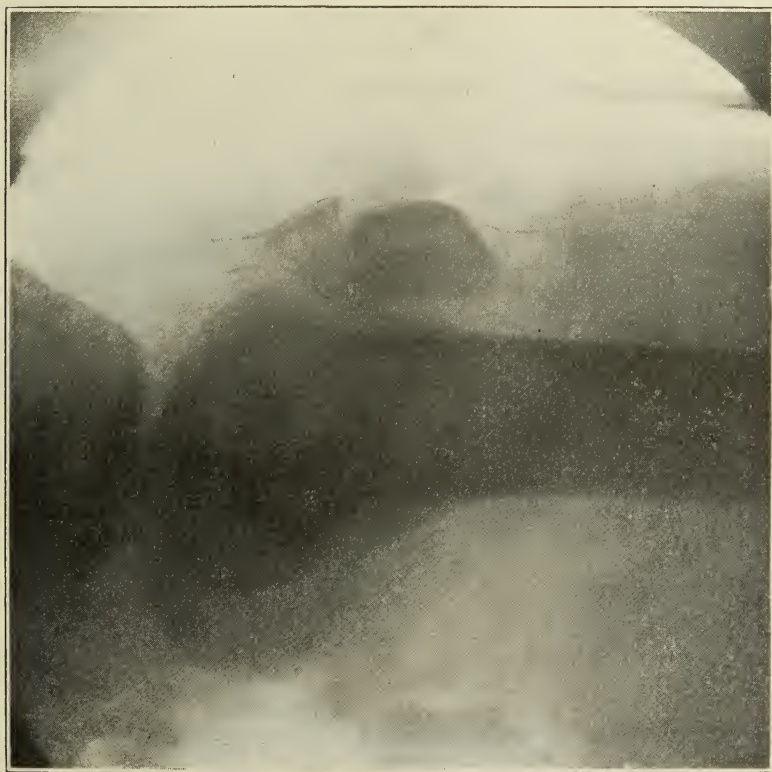
Case number one. An old fracture of three and one-half years standing, with fully three inches separation and loss of power of extension, with atrophy of the quadriceps extensor. He used a cane and got about with great difficulty. In this case it was necessary to lengthen the quadriceps extensor tendon about two inches in order to approximate the fragments; this was done by splitting the tendon longitudinally and then dividing each half



CASE NO. 3.—Condition prior to operation and 48 hours after accident.

transversely, one at upper, other at lower portion of longitudinal incision, then suturing the ends together. In this way the fragments were approximated and wired in position. And, as you will see from the skiagraph which was taken two weeks after the operation, the position of the fragments is good. And while he entered the hospital suffering with chronic cystitis, due to obstructing prostate, yet he made a good recovery and left the hospital April 23, 1909, with the limb very much improved over what it was before operation.

Case number two: E. K., age 22 years; occupation, laborer; past history unimportant. History of accident; January 7th, while walking along the street, slipped on the icy pavement and fell, striking his knee against the curbing, the limb being immediately disabled. He was admitted to St. Margaret's hospital January 9, 1909, at which time he was unable to extend the limb. There was great swelling of the knee joint due to hemorrhage within the joint. We could not make out fracture of the patella by palpation. Yet



CASE NO. 3.—Three days after operation.

we felt sure that there was either a fracture of the patella or rupture of the quadriceps tendon. The skiagraph shows a tearing of superior surface of patella with two inches retraction of the fragments. He was not operated on until the 26th of January, and at that time there was wide separation of the fragments and no power to extend the limb. The limb was put into a plaster cast after suturing the fragments with number one formalized cat gut. Skiagraph number two was taken just before he left the hospital, one month after operation. The result was fairly satisfactory. He had regained nearly the full function of the knee joint when I last examined him, some two months after the accident.

Case number three: O. R., student, age 23 years; admitted to St. Margaret's hospital January 14, 1909, with following history of the accident two days before admission: While engaged in game of basket ball he jumped into the air to catch the ball. He felt at once a tearing sensation in the left knee joint, and upon examination of the knee could feel two distinct fragments with



CASE NO. 3.—Showing condition six weeks after operation.

a transverse depression between them. At the time he was admitted to the hospital, there was no power to extend the leg on the thigh. The joint was distended with blood. The limb was thoroughly scrubbed with green soap and water, and a moist bichloride dressing applied to the knee. Operation was performed on the 15th, three days after the accident occurred. Skiagraph number one shows the condition prior to the operation, and number two shows the condition of the fragments two days after operation, and number three the condition when he left the hospital on March 6, 1909. In this case there was a late infection developing one week after the operation and confined to the subcutaneous tissue around the skin wound, and probably caused by the buried cat gut suture used in closing the skin wound. The lateness in the appearance of the infection was due to the fact that the strand of cat gut was not sterile in the center. The joint was never involved in the infective process, and I look for a very satisfactory result. The skin infection required him to remain in the hospital considerably longer than would have been necessary under normal conditions had infection not occurred.

In conclusion, will say that all transverse fractures of the patella should be treated by operation if the patient can be put in surroundings where the danger of infection will not be too great. Second, the majority of oblique fractures of the patella can be best treated by operation and suture. And all cases of fractures of the patella where the fragments cannot be maintained in apposition, are cases for operative treatment. Infection is the only accident to be feared, and the surgeon who attempts the operative treatment of this fracture must be thoroughly trained in aseptic technic.

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### CANCER OF THE FEMALE BREAST.

JABEZ N. JACKSON, M. D., Kansas City. Mo.

Read Before the Kansas Medical Society, May 7, 1909.

Statistics seem to indicate that the prevalence of cancer is continually on the increase. It is stated that the annual death rate from cancer in England is today, four times as great as it was fifty years ago. And this despite the fact that millions of dollars have been expended on laboratories for cancer research and the entire lives of many of the ablest and most scientific investigators in our profession have been devoted exclusively to this problem. Some day perhaps, in the golden future the secret will be solved and this scourge will yield as others have and are to the banishing dictates of



preventive medicine. As yet today, however, we must contend with its increasing prevalence and bend our efforts as practicing physicians and surgeons to secure a cure of that which we are as yet powerless to prevent. Even here alas, our efforts are too often of little avail, though year by year with increasing thoroughness of work and earlier recognition of the disease our results are showing greater encouragement.

Next to the uterus the mammary gland is of all organs of the woman most prone to malignant disease. And here likewise should be the most favorable field for early recognition of the disease and accordingly earlier institution of radical therapeutic measures. The mammary gland being the most superficial of all epithelial glandular organs and subject ever to much attention and observation affords great opportunity for the earliest possible recognition of the beginning of any diseased process, and a correct diagnosis of its pathological character.

At the very outset it is of the utmost importance to remember that from eighty to ninety per cent of all tumors of the breast are malignant. According to Brillroth's statistics embracing 440 cases, eighty two per cent of all tumors of the breast are cancer. Schmidt (Heidelberg) found 82.66 per cent malignant; Bryant 83.16; Gross 82.47. The author of the Chapter on Breast Tumors in Von Bergman's Surgery states that in his clinic of 359 tumors of the breast, 306 were carcinoma or 80.9 per cent; 34 were sarcoma, 9.1 per cent; making the net per cent of malignancy 90 per cent; while but 19 of the series were benign growths. Jonas, of Omaha in a recent report embracing 260 cases from his experience found 218 cases or 87 per cent malignant and 42 or 13 per cent benign.

When it is further remembered that many cases apparently benign at the outset finally undergo or manifest malignant development the figures become most impressive. C. H. Mayo in his clinic, tersely remarks "that eighty per cent of all breast tumors are primarily malignant; that of the remaining twenty per cent of primarily benign growths, one half ultimately become malignant, raising the final per centage of malignancy to ninety per cent and that the remaining ten per cent must be viewed with great suspicion."

DIAGNOSIS.—The correct diagnosis of breast cancer is therefore of vast importance, and to the first attending physician one of gravest responsibility. For as William Francis Campbell of Brooklyn has so forcibly said, "Given a patient with cancer of the breast in the first stage, consulting a physician on its first detection,

the fate of that woman is in the hands of the doctor whom she first consults, provided she follows his counsel."

Of much suggestiveness at the onset are certain general etiologic facts pertaining to cancer of the breast. (1) **Age.** Cancer of the breast is, generally speaking, a disease of middle life, the average age according to Crile being 49. The complete statistics of the Massachusetts General Hospital show of a total of 309 cases, 5 occurring between the ages of 20 and 30, 56 between 30 and 40 years, 120 between forty and fifty years; 107 between fifty and sixty, and 21 between seventy and eighty. It is also noteworthy here that while cancer of the breast is quite rare under thirty yet it does occur. On the other hand it is quite probable that most benign tumors show themselves at an early age in the woman's life. Indeed I feel that we may generally assume that a tumor in the breast of a woman under 30 years of age except with pathognomonic evidence of malignancy, is probably benign, while after we pass this age the probability of cancer becomes so much greater that we will be much safer in assuming malignancy as a fact. (2) **Heredity**, on which in the past much stress has been laid is of little importance and in only about one third of our cases can a hereditary history of cancer be found. (3) **Lactation** factors likewise are of little significance since according to Crile, 35 per cent of his cases had not borne children and in but 11 per cent was there distinct history of lactation complication. It is quite probable however, that chronic mastitis has something to do in producing a favorable nidus for cancers as is true in chronic inflammations elsewhere. (4) **Injury** likewise has some influence but is of too little importance to be significant. In fact it is too easy to find a history of injury antecedent to any condition to which the human flesh is heir, if we but ask for it.

**PHYSICAL EVIDENCES.**—Giving whatever weight we wish, however, to etiologic factors, we are finally forced back to physical findings for correct diagnosis in a given case. (1) **Tumor.** It is undoubtedly a fact that almost without exception the finding of a tumor in the breast is the first sign that calls the patient's attention to the existence of disease. This was true in 94 per cent of Crile's cases, while subjective symptoms such as pain, tension, stinging, etc. preceded in but 6 per cent. It is furthermore worthy of note that in but one third of these cases was pain a symptom at all while two thirds of them were free from pain. This should warn us forcibly against the folly of waiting for pain as an evidence of cancer. It is generally a quite late symptom, one only manifest

often when the disease has so far advanced, "that a way faring man though a fool, could not err" in diagnosis.

2. **Palpation**, therefore, becomes probably our most accurate resource in diagnosis. The intelligent manipulation of a hand trained in the sense of touch becomes therefore of paramount importance. For the exercise of this faculty it is essential that the flat of the fingers and palm of the palpating hand should be pressed gently down upon the breast and the tumor thus defined between the hand and the unyielding chest wall behind. Pinching up the breast between the fingers has doubtless led to many fallacies, oft-times I am sure leading to the removal of mammary glands in which there was actually no disease present whatsoever. When we remember that the breast is a lobular organ, it follows that in pinching up a breast, as I have seen many do, we can find an apparent tumor, certainly a mass in all. With the hand or fingers flatly applied to the chest, however, and gently compressing the breast between it and the bony wall, then moving the breast beneath horizontally over the underlying ribs with the skin fixed by contact with the hand, any existing tumor even though small can be detected with surprising ease and accuracy. The nodule may be exceedingly small, yet the stony hardness of a cancer growth will be striking and characteristic. Careful comparison in all manipulations should be made with the healthy breast, though here it should be remembered that bilateral disease while infrequent and therefore improbable is not impossible. A carcinomatous tumor is generally single and multiple tumors speak against malignancy. The cancerous growth likewise infiltrates the normal breast tissue, and thus not being circumscribed, it moves with the breast in which it is definitely fixed. It is also quite apt to become early fixed either to the skin overlying in superficial growths, or to the pectoral fascia beneath in deep seated growths. The skin attachment is easily recognized. The fascial attachment may only become evident when the arm is carried upward and outward rendering the pectoral muscles tense. Then oft-times the tumor and with it the breast becomes absolutely immobile on the chest wall. "Dividing the breast into a central or areolar portion and four quadrants, we find the frequency of location in the following sequence; upper outer, central, upper inner, lower outer, lower inner." It is also important to observe the relative amount of normal gland remaining outside the area of the tumor. In as much as the cancer grows at the expense of the breast, and fibrous tissue contraction accompanies the process, there is oft-times but little normal gland tissue left. The extent of this ratio is oft-times also an evidence of the rate

of growth which may be of service in prognosis as well as in diagnosis. In simple tumors on the other hand, the normal breast tissue is pushed aside but not consumed.

(3) **Trabecular Shortening.**—The tendency of the fibrous tissue trabeculae to shorten and thus to fix the breast, may also give visual evidences even at a very early stage of the disease, in the slight dimpling of the overlying skin evidenced by moving the breast over the chest wall, producing also a sensation of tugging to the examining hand. Halstead especially lays great stress on this sign, even going so far as to say that “the faintest conceivable trace of a difference on the two sides, in a minor pectoral crease for example, may suffice for the diagnosis. Frequently there is no sign, but this almost imperceptible suggestion of pull which, when the faintest possible is, of course, elicited by dislocation in one direction only. This sign, however slight, is all that is needed for the diagnosis.” Surely, however, we must remark, extreme care must be taken in this test and only an experienced examiner of breast tumors could follow the refinement of Halstead’s test in its entirety. When well developed however, it is surely trust worthy. Minute comparison of both breasts is of course essential.

(4) **Retraction of Nipple.**—The sign of retraction of the nipple on which so much reliance was formerly put, is not now given quite so much prominence. In some subjects it will be found that this characteristic is normally found, and is then present in both nipples. When present in one nipple alone it is still a highly significant sign. Its absence, however, is of little value in negating a diagnosis. In fact Crile found it present in only 33 per cent of his cases. It must be remembered that this sign is likewise dependent upon shortening of the trabeculae, and unless the growth is in the central area, or quite near the nipple, no retraction will occur except in a large or well advanced cancer.

(5) **Absorption of Overlying Fat.**—The fat overlying a cancerous nodule, if it be superficial, is oftentimes absorbed, also lessening the freedom with which the skin moves over the tumor and oftentimes making the tumor stand out so prominently as to be at once apparent to the inspecting eye. In early diagnosis, particularly in that of deeply seated nodes, it is valueless.

(6) **Glandular Enlargement.**—The involvement of the axillary glands and their enlargement comes sooner or later, alas, often too soon. It is to be remembered that acute inflammation, tuberculosis, etc., can likewise produce enlargement of the axillary glands. The local evidences of infection and inflammation, however, are usually so easily recognized in these diseases as to lead to



no confusion in their differential diagnosis. When these inflammatory causes can be set aside the evidence of enlarged axillary glands is quite conclusive of cancerous disease. In fact the diagnosis should be made before this symptom is evident.

As to the evidence of (7) Ulceration, (8) Emaciation, (9) Cachexia, we will only say that they are such late evidences as to be of no service to a clinician. By the time these symptoms are manifest a housemaid could make a diagnosis.

Finally as to diagnosis I would say with Crile, "An indurated invading, solid somewhat irregular mass when gently pressed against the chest, with or without retraction of the nipple, with or without discharge from the nipple, with or without absorption of fat over the tumor, with or without dimpling, with or without pain, with or without hereditary history, with or without cachexia, ulceration or metastasis, should be surgically treated, either explored or excised."

**Operative Diagnosis.**—After, however, all is said as to physical diagnosis, and all the various diagnostic signs have been fully exhausted we must yet admit the fact that in many cases preoperative absolute diagnosis is impossible. This is particularly true in the earliest stages of the disease. And here is to be found therefore, the somewhat plausible excuse for a course of hesitation, palliation and delay so fatal in the end to the fate of the unfortunate woman. When, however, we reflect that even a benign tumor never disappears except by removal; when we remember that from the aspect of general probabilities alone the chances are nine out of ten in favor of malignancy; when we realize that a simple incision will make a diagnosis absolutely clear; is there then left any possible excuse for the responsible physician to counsel a course of procrastination which as we shall later see probably robs the sufferer of one half of her chances of life? Certainly not. Exploratory diagnosis must therefore in doubtful cases be insisted upon. If the tumor proves benign, without harm or risk to the patient in the least, local excision alone has at least removed a source of menace which should be removed anyway. On the other hand should the evidences of malignancy be found, the operator should be prepared to at once push his operation to immediate complete amputation. With Bloodgood we believe that the experienced surgeon should have relatively no difficulty or doubt in the diagnosis of cancer after incision from the mere gross appearance of the tumor tissue. If in doubt, however, a competent pathologist must be at hand for immediate microscopic diagnosis from the frozen section, a proceeding which adds exactness with a delay

of less than ten minutes at the farthest. We cannot too strongly condemn the policy of excision, delay for fixed specimen diagnosis, and secondary operation once in vogue, since Halstead has shown that in cases of cancer of the breast where this course has been pursued not one single case has ever been finally cured. Fortunately immediate diagnosis is now the practice of all operating surgeons, and such fatal mistakes will not occur.

**Treatment.**—Once an absolute diagnosis is made or even a probable diagnosis, the treatment becomes the responsible question between the patient and physician. Is it too much to say today that radical surgical treatment is absolutely the only treatment?

Certainly no physician today would for a moment consider salves, caustics or local applications of like nature, methods now happily employed only by absolute ignorance or quackery.

Thus far, moreover, the writer has never known nor heard of, nor read in scientific literature of a single case of breast cancer cured by the X-ray. Injection of trypsin or allied preparations have not a single record of cure to their credit. It is of course easy to find reports of cases when from such various methods temporary shrinkage or apparent disappearance of the growth has occurred. But does this prove a cure? Volkman many years ago established the dictum, since universally recognized in surgery, that to class a case of cancer cured at least three years must elapse with absolutely no evidence of recurrence either local or remote. Even this limit is oftentimes transgressed in apparent safety with yet later recurrence until today we are rather inclined to push our limit of time standard forward to five years. If this be the criterion by which the cure of cancer is to be measured, how ridiculous the often bombastic claims of methods based on apparent results of but a few months test at best. Undoubtedly all honest surgeons look forward with earnest hope to some time when we can cure cancer of the breast without the horrors of the knife. Likewise undoubtedly most all honest physicians admit that up to the present hour there is nothing but surgery which offers the faintest hope of success.

At this point possibly the patient or her sceptical attendant will ask, "and what can surgery offer?" I must confess that during many years of our earlier work before accumulative evidence was at hand, our answer would needs have been, faith. But time and evidence have converted faith into very encouraging facts, some of which I beg now to record.

## END RESULTS.

Halstead reporting the final results in 210 fully traced cases from the records of John Hopkins Hospital, all passed the three year period of time since the operation, shows 89 permanent cures, a percentage of 42.4, in detail as follows:

Pathological Variety.	No. Cases.	No. cured. (3 yrs.)	Per Cent.
Cancer cysts	6	2(1?)	33.3
Adeno-carcinoma	32	24	75.
Medullary	25	12	48.
Circumscribed scirrhus	28	13	46.4
Small infiltrating scirrhus	80	30	35.5
Large " " "	39	8	20.5
Total,	210	89	42.4

It is furthermore worthy of note that from this gross number there were 60 cases operated upon in which there was no glandular metastasis and of this number 45, (75%), were permanent cures and 51 or 85% were free from recurrence on the three year limit. This clearly demonstrates the absolute importance of early diagnosis and early operation whereby the chance of cure is absolutely twice as good.

Glandular involvement.	No Cases	Perma- nent cure.	Per Cent	3yrs. cure	Per Cent.
Axilla and neck negative	60	45	75	51	85
Axilla positive, neck negative	111	27	24.5	34	31
Axilla and neck positive	40	3	7.5	4	10

**Massachusetts General Hospital, Boston.**—Between the years 1894 and 1898 inclusive (first five years), there were 160 cases operated, of which 26 were cured, or 16.2%. In the years 1899 to 1903 (second five years), of 151 cases 41 were cured, or 26 %, almost double the percentage of the first five years, surely a convincing evidence of improving results. Here also we find that whereas the percentage of cures where the axillary glands were enlarged was but 12% when the axilla was negative the percentage was 29.

Pathological Variety	Cases	Surviving Operation	Cures	Per Cent.
Medullary	136	104	19	18.2
Scirrhus	46	43	10	23.
Adeno-carcinoma	24	21	10	47.6
Colloid	4	3	2	66.
Cancer	127	107	18	16.8
No. Path. report	39	31	8	25.8

**Crile, of Cleveland**, in a traced record of 91 cases, found that in cases with glandular involvement his percentage of cures was 14 % while in cases where no glands could be found prior to operation his percentage of cures was raised to 80 %.

**Cabot, of Boston**, in an experience of 42 cases has had 9 or 21 % of cures.

**Dennis, of New York**, in a series of 116 cases reported before the American Surgical Society in 1891 showed 45 % of three year cures. In 1895 in the report of a smaller series to the same society he recorded 77 % cures.

**Willy Myer, of New York**, in a series of 80 cases reported 28 or 35 % cures. Of these there were :

16	cases operated on	10-12 ½ years	of which 3 (18.75 %)	alive today.
27	"	" 5-10	" " "	6 (22.2 %) " "
20	"	" 3-5	" " "	10 (50. %) " "
17	"	" last 3 years	" " "	9 (50. %) " "

**Vander Veer, of Albany, N. Y.**, in a series of 103 cases, reports 70 cured, or 68 %.

**Ochsner, of Chicago**, in 98 fully traced cases, reported 54 or 53 % cured.

**Oliver, of Cincinnati**, of 35 cases reports 12 cured from three to 10 ½ years or 34 %. Here also we learn that in cases where the tumor has been known to exist for one year or more, the per cent of cures was 28.5 whereas in cases where tumor had existed over from six months to one year the percentage was 50 %.

**Jonas, of Omaha**, in 177 traced cases found 105 cured three years or over 56 %.

**Rodman, of Philadelphia**, reports that in cases from his private practice 70 % were cured.

**Cheyne, of England**, in 34 private cases, had 17 or 50 % of cures alive after six to sixteen years.

**Child**, in 46 cases, had 17 or 36 % well after from five to twenty years.

Dowd's analysis of 199 cases from the clinics of Bull, Rotter, Helfreich, Cheyne, Dennis and May shows 39.6 per cent cured.

A summary of this rather extended evidence shows a percentage of cures ranging from twenty-five per cent at the lowest to seventy-five per cent at the best. This in a disease otherwise absolutely fatal is certainly most encouraging and has furnished a magnificent proof for the faith of surgery. Two other facts likewise stand out prominently. First, that in cases of early diagnosis and early operation the percentage of cures is practically doubled. Surely the responsibility resting on the first attendant is enor-



mous. Second, the results in private cases are vastly better than in those selected from crowded tenement of pauper population. Have we not therefore particular ground for encouragement with a class of patients to whom fresh air, glorious sunshine, and good food is not a luxury but an every day possession.

But perhaps again some doubting Thomas or some timid subject may inquire, is there not great risk to life in a formidable surgical procedure which furnishes such results. To this we reply, Halstead, had but 4 deaths in 232 cases, 1.7 per cent mortality. Crile in 91 cases had no deaths. At the Massachusetts General Hospital in 416 cases operated on by over twenty various surgeons there was but 3.6 % mortality and in the later years (1899-1903) but 2 %. Cabot in his 42 cases had no deaths. Ochsner had 5 deaths in 164 cases. Jonas had 6 deaths in 255 cases. According to Haggard in the analysis of 600 operations in the hands of 21 different surgeons the mortality was but 9 %. The writer in his personal experience has had no deaths from operation nor has he known of one in the service of colleagues.

In conclusion permit me to epitomize the following conclusions:

**First,** At least 90 to 95 % of all tumors of the breast are malignant and no possible intelligence can proclaim which of the remaining 10 % will remain benign.

**Second,** There is no known cure for any tumor of the breast, benign or malignant, except through surgical removal.

**Third,** From 25 to 50 % of cases of breast cancer are permanently cured by radical surgical removal. With early diagnosis this percentage could be raised to 80 %.

**Fourth,** The mortality of this apparently formidable operation should be not over one per cent.

**Fifth,** Every tumor of the breast, therefore, should be considered malignant and treated as such at the very first moment of its detection, unless incision has proven it benign, in which instance local incision should at least be insisted upon.

**To trifle with tumors of the breast is, therefore, practically nothing short of criminal.**

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**Hoarseness.**—Ten drops of dilute nitric acid three or four times a day in sweetened water is recommended for this condition by Ellingwood. Singers and public speakers will find this an excellent remedy. If immediate benefit is required, use three or four drops on a square of loaf sugar and allow it to dissolve on the tongue slowly, drawing the air into the lungs over it.—Therapeutic Record.

## A CLINICAL AND BACTERIOLOGICAL STUDY OF 41 CONSECUTIVE CASES OF DIPHTHERIA.

E. E. WUTTKE, M. D., Halstead Kansas.

Read Before the Kansas Medical Society, May 6, 1909.

Diphtheria is a disease which most commonly affects the posterior portions of the buccal cavity, producing, as the name implies, in its so-called typical form, a pseudo-membrane which covers a part or whole of the tonsils and adjacent structures. On the other hand, in some instances as my cases lead me particularly to emphasize, there may be only a simple redness and swelling of the tonsils and pharyngeal wall without membrane. This absence of membrane in true diphtheria has been noted by many observers, beginning with Trousseau in 1828, reiterated with more accurate data by Gerhardt in 1883, and by many others since, but has not received sufficient attention from writers of books and practicing physicians.

The clinical manifestations of diphtheria are so divergent that no one can diagnose correctly on clinical grounds alone any but the typical cases. The assistance of bacteriological analysis is necessary before the identity of the less typical examples, and particularly those without membrane, can be proved, therefore, bacteriological methods should always be employed in cases of nose and throat lesions during the occurrence of epidemics, no matter whether a membrane is present or not. The time, skill and apparatus required is insignificant compared with the value of the accurate data thus acquired.

The prominent clinical phenomena noted in my cases were as follows:- The majority of patients, as is characteristic of the disease, were dull, listless, lethargic, that is asthenia was marked. In some of the milder cases and others seen very early in the onset this feature was not present. In the cases due to the Klebs-Loeffler bacillus alone, severe pain was not present. Only in those cases complicated by a secondary infection by the ordinary pus cocci was severe pain a prominent feature.

An erythematous eruption resembling that of measles was noted in one case without membrane and in one case with a typical membrane. In two cases without membrane the eruption simulated that of scarlet fever very closely. In the three cases without membrane this eruption was misleading and could not have been diagnosed without bacteriological examination.

In those cases due to the bacillus of diphtheria alone the temp-

erature noted ran from 97 to 102, 99 and  $99\frac{1}{2}$  was noted in very many cases for several days. In those cases associated with the staphylococcus and streptococcus and adenitis the temperature was irregular running from 98 to 104, up one day and down again, then up again.

The pulse rates noted ran from 100 to 160, 120 to 140 being the most frequent. In one case due to the Klebs-Loeffler bacillus alone the pulse was maintained at 160 for three successive days.

Cervical lymphadenitis presenting on inspection a mass as large as half of a hen's egg and larger was present in ten of the cases without membrane. In two of these it was bilateral, extremely painful, tender, and the skin a bright red in color. In one case suppuration necessitated surgical treatment. The abscess contained staphylococci and streptococci but no bacilli. Nine cases of our typical diphtheria with membrane also showed a pronounced adenitis. In one of these the swelling involved the region from the parotid gland above to the clavicle below, and from the median line in front to the median line behind. Staphylococci were found in the throat cultures of all cases in which adenitis occurred.

A history of frequent colds and pre-existing chronic tonsillitis was noted in a majority of all cases. To establish the importance of these conditions as predisposing factors the following experiments were made: A culture was made from a normal adult throat as a control. This culture was incubated at body temperature for 24 hours, when it showed a scanty growth consisting of streptococci and staphylococci. A fresh subculture of *B. diphtheria* from case No. 22 was rubbed thoroughly over the tonsils. A culture was then taken every 24 hours for a period of two weeks. These cultures all showed a few typical Klebs-Loeffler bacilli, increasing in number for the first three days then slowly decreasing and disappearing in two weeks. A very marked increase in number of the staphylococci and streptococci as compared with the control was noted in all these cultured. Redness of the pharynx was present for a week. No other local or general symptoms were ever noted.

The same experiment was made using a pure culture purchased from P. D. & CO., resulting in fewer bacilli in the cultures and less reaction. In the next experiment a half dozen superficial incisions were made on the tonsils with a scalpel and a 24 hour culture from case No. 40 was rubbed into these incisions by means of a platinum wire. The results were identical with those described above. No general symptoms of any kind arose in any of these experiments. An incision through the skin covering the deltoid was made with a scalpel and a swab direct from the throat of case No. 40 was rubbed

into the wound. This procedure was repeated twice using a 24 hour culture from the same throat (case No. 40). Case No. 40 had a mild attack of scarlet fever seven weeks before and was examined bacteriologically at that time. Strictly local lesions of an intense character were produced. Forty-eight hours after inoculation for a radius of 1 cm. there was an areola with a sharply defined border, intensely red, slightly elevated. In its center there was a small necrotic focus containing a yellowish white exudate consisting of diphtheria bacilli, fibrin, leucocytes, and fixed cells. The cells in an advanced state of degeneration, cultures on blood serum developed only K. L. bacilli identical with those in the original culture. The same experiment was repeated with bacilli from case No. 41 with the same results. The results of these experiments indicate that the K. L. bacilli stimulate the growth of the normal bacterial inhabitants of the throat probably by preparing a favorable soil. 2. That the normal human throat offers considerable resistance to B. diphtheria successfully withstanding large numbers of them, even when the mucous membrane is broken.

#### **Pathological Anatomy and Pathogenesis of Pseudomembrane.**

The essentials of the local lesions are degenerative changes in the epithelial cells with an abundant fibrinous exudate. There is a multiplication of the nuclei by direct division into two to ten. Vacuolation of the cytoplasm, necrosis of the cell, fragmentation of the nuclei or hyaline transformation.

The inflammatory exudate collects in the cytoplasm of degenerating epithelial cells causing vacuolation, or it may accumulate below the cornified layer of squamous epithelium. The cellular elements are polynuclear endothelial cells and to a less extent those of a lymphoid type: to this we must add a supply of fibrin deposited in the epithelial cells and between the individual cells.

The membrane depends on the distribution of this fibrin, degenerative and exudative processes separately or combined (due to toxic action). In the beginning the blood vessels are engorged and lymph vessels dilated. General edema of the tissues with a diffuse formation of fibrin in the field.

**Diphtheria without membrane.**—In my 28 cases of diphtheria without membrane the local lesions consisted of more or less swelling but never extreme. Edema or submucous effusion rendering the tissues translucent was never present. There was a bright uniform redness of the tonsils, pillars, soft palate and post pharyngeal wall. No dilated blood vessels were visible as in acute pharyngitis.

Councilman, Mallory and Pearce studied 251 fatal cases of



diphtheria autopsies in the Boston City Hospital from Jan. 1, 1891 to June 30, 1905. They found a definite membrane in 148 or not quite 60% ( $59 \frac{1}{3}$ ) of fatal cases. On the other hand there are frequently non-diphtheritic lesions associated with a pseudomembraneous condition of the mouth and larynx.

Koplik, working in the Carnegie Laboratory, made a very exhaustive study of a series of cases in which he noted some true diphtheria which never manifested any pseudomembranes, only redness and swelling. The most of these were mild but others were fatal. At the same time he found many cases with a typical pseudomembrane which showed only streptococci or the pseudo-diphtheria bacillus of Hofmann.

Parke & Beebe (1895), relate the following cases; "A child with chronic coryza and anemia was admitted to a hospital ward. Five days later four of his neighbors developed diphtheria, two of them were fatal. Diphtheria bacilli were found in his nasal discharge."

Newsholme (1904), reported the case of a boy who complained of headache followed by a nasal discharge. In a few days three of his classmates died of diphtheria. His nose was then examined and diphtheria bacilli were found. He also relates concerning another child who was ill for one day with sore throat and a headache. Five days later his sister developed diphtheria. A swab from his throat demonstrated diphtheria bacilli.

Bissel (1902), relates a case of a child who had a mild sore throat some time previously. Diphtheria occurred in the household he visited. Berry (1900), gives a number of similar cases.

Many observers have confirmed the fact that forms of diphtheria exist which clinically run their course without the manifestation of any visible membrane, and in which at any time in the course of the disease the K. L. bacilli can be isolated.

From the literature and from my own cases it is safe to conclude that these so-called typical cases are not rare and are frequently overlooked, and are the foci for the spread of the disease. The fact should be emphasized that the pseudo-membrane is not a reliable diagnostic feature. We should amend our clinical conception of diphtheria to include all cases which when examined bacteriologically are shown to be due to the K. L. bacillus.

**Membranes not Diphtheritic.** Prudden found 22 fatal cases of membranous inflammation of the mouth and throat due only to the streptococcus. Woodhead (1901), found streptococci to be the only organism present in 565 out of 1960 or 28 per cent of cases diagnosed on clinical grounds as diphtheria. Staphylococci alone

sometimes causes a membrane and inflammation, but the mixed infection with the streptococci and staphylococci is the most common cause of non-diphtheritic membrane. 985 or 50 per cent out of Woodhead's 1960 were such.

Brison coccus also causes a membrane to form as observed by Roux and Yersin, Chaillou and Martin.

Pneumococci may form a membrane in the throat as in a case reported by Cary and Lyon, in which a lobar pneumonia was complicated by a pseudo-membrane, on nearly every mucous surface of the body, including conjunctiva, anus, and glans penis. Pneumococci only were found in all lesions. Also Netter (1891), when urgent symptoms required tracheotomy. The membrane expelled contained only pneumococci.

In Woodhead's series 50 per cent of the pseudomembranes were due to the streptococci and staphylococci mixed and 28 per cent were due to the streptococci alone. While in C. M. & P. series a definite membrane was present only in 60 per cent of fatal diphtheria.

The bacteriological identification of my cases was made by cultural characteristics and morphology. A few animal inoculations were made use of. Neisser's stain, Loeffler's alkaline methylene blue and Cobbett's method of mounting in staining fluid and decolorizing with acetic acid while under observation, were used in all cases. All measurements given were made on mounts in Canada balsam. Loeffler's blood serum, hydrocele fluid and glucose agar were used as culture media. The culture tubes were inoculated at the bedside by means of a sterile platinum wire or a sterile cotton swab, and immediately attached to my undershirt by means of a string or adhesive plaster. When incubated in this way the growth of the diphtheria bacillus is astonishingly rapid and luxuriant. Colonies can be seen with the naked eye after  $4\frac{1}{2}$  hours and we never failed to obtain an abundant growth in less than 12 hours. The advantages of incubating this way are: 1. Much time is saved as incubation begins when the patient is first seen. 2. The culture positively cannot become too hot or too cold. 3. It is unnecessary to make a special trip to the laboratory to place the tube in an incubator. 4. The growth can be watched while attending to the usual duties.

**Diphtheria with Membrane.** Oct. 16, '08: Case 1, Male, age 8, gave a history of an indefinite illness for a number of days. T. 101, P. 128, Moderate cervical adenitis, throat red and swollen, small patches of whitish membrane not unlike that in follicular tonsilitis on the right tonsil. A spread made from a swab showed

many bacilli of an average length of three microns. They were irregular in contour and stained irregularly. A culture made on blood serum showed an abundant growth in 15 hours, consisting of small colonies, grayish white in color with a slightly yellowish tinge and a moist greasy surface. A stained spread from this 15 culture consisted mainly of bacilli of an average length of 3 microns and about .5 micron wide. Grouping was characteristic. Numerous granules or polar bodies by Neisser's stain.

Oct. 17, gave 4000 units antitoxin.

Oct. 18, Membrane all gone, feels better.

Oct. 22, T. normal, P. 80 to 100, irregular and weak. Slight paralysis soft palate. Slowly regained perfect health.

**Diphtheria Without Membrane.** Case 22, Nov. 14, '08: R. S., male, age 2, sick for 5 days. Bilateral swelling below angles of lower jaw, most pronounced on left. Pharynx red and swollen. Left tonsil swollen more than the right. T. 100, P. 140. 20 hour blood serum culture was composed of a few staphylococci and many bacilli  $\frac{1}{2}$  micron wide and  $1\frac{1}{2}$  microns long on an average, many were only one micron long and the longest measured 3 microns. Grouping, staining and polar bodies were absolutely characteristic. Nov. 21, T. 103 in groin, P. 140, entire throat red and swollen, no exudate or membrane. Nov. 22, T. 96 and 8-10th groin, P. 140. Dec. 5. Large fluctuating tumor left side of neck, two free incisions were made. Dec. 12, healing nicely by granulation. 20 hour blood serum culture mostly all staphylococcus albus and a few short chains of streptococci were also present. No bacilli of any kind were found.

**Diphtheria with Membrane, following Scarlet Fever.** Case No. 40, Mar. 3, '09: E. McF. age 7. Had a mild attack of scarlet fever at 2-1 '09 to 2-8 '09. Examined bacteriologically. Found only streptococci and a few staphylococci. Complete recovery without complications.

Mar. 3, '09. Feeling badly two days; T. 103, P. 148. General redness pharynx. Yellowish white patch on the upper border of the right tonsil, 4000 units antitoxin were given and a culture was made. 3-4-'09, feeling as well as usual, running around eating apples. T. 98 and 8 10ths, P. 128. Throat red, only a small shred of membrane left. 3-6. A membrane on other tonsil. No treatment. 3-7. Membrane gone. 12 hour blood serum culture pure K. L. bacilli from 1 to 3 microns long on an average, the most of them being  $1\frac{1}{2}$  microns.

Summary of the 41 cases may be made as follows: 13 cases had a typical pseudomembrane. The bacilli were longer than in the non-

membranous, averaging 3 microns on the 24 hours growth, they ran a more severe course and were frequently followed by paralyses.

28 cases never exhibited any membrane at any time. The bacilli in these non-membranous cases were smaller than in the cases with membrane, running from 1 to 3 microns, most of them being about  $1\frac{1}{2}$  microns long. They ran a milder course throughout, responded readily and in a characteristic manner to treatment by antitoxin, none developed paralyses. It would seem that in these cases the bacilli belong to the short variety and were not so virulent as the longer forms in the cases with membrane.

One case followed a peritonsillar abscess after its spontaneous rupture. Two cases followed scarlet fever, with an interval of perfect health of 4 and 7 weeks respectively.

One case was followed by an abscess due to staphylococci and streptococci which was treated surgically. Paralytic sequelae were noted in five cases. In three of these there was a myocarditis.

Antitoxin in doses of 4000 units was administered in all cases as early as possible. In two advanced cases this dose was repeated twice. Recovery was complete and prompt in all of the cases. No local treatment was used in any case. Prophylactic doses of 1000 units each were given to 54 individuals who had been exposed. None of these developed the disease. The only undesirable effect of the serum noted was an urticarial eruption in about 20 per cent of all the cases, but most frequently in those cases where only 1000 units had been administered.

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The presence of diabetes should not deter the surgeon from giving a patient with that malady the benefit of relief from a surgical disease. — American Journal Surgery.



# THE JOURNAL OF THE Kansas Medical Society.

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JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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## EDITORIAL

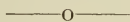
This Journal wants the medical news from every county in the state and the proper person to transmit the news is the Secretary of the County Society.

Lets hear from you Mr. Secretary.

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The A. M. A. meeting, while not up to expectations in point of attendance, (being between 3,000 and 4,000 registered), was, nevertheless a very successful one scientifically. The section work was carried out with a great deal of snap and vim and the papers read have been reported to be of exceptional value. There is no question but that Atlantic City can care for conventions of almost any size the hotel accommodations being unsurpassed by any city of hundreds of times its size. Its opportunity for entertainment is also unsurpassed. Whether or not it is to the best interest of the Association to hold its meetings every alternate year in this city so far removed from the west is a question. Certain it is that the attendance at the meetings on the coast does not compare at all favorably with the meetings held in the middle west, the meeting at Chicago being a good example. One has to think but a moment of the great distance to be traveled by any one living west of the Mississippi river to see that it is no wonder the attendance from the west

is so small, when the Association meets on the Atlantic coast. The meeting next year will be held at St. Louis and the prospects are for the banner meeting in the history of the society.



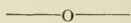
**The Marathon Fad.**—It has been 2400 years since the original Marathon run was made by Pheidippides at the cost of his life. Within the past year the public has been treated to numerous travesties on that ancient feat. Newspapers and department stores, by way of advertising themselves, have been setting up cheap prizes to incite succulent youths to enter upon a contest which they are pleased to style a Marathon race.

Strange as it may seem, these enterprising concerns are able to get support from men of prominence in official and private station, and even from some medical men, who, from motives presumably satisfactory to themselves, and more or less susceptible of interpretation by others, obligingly endorse the scheme as not only harmless but highly beneficial to the participants. And stranger still, they do this in the face of the fact that the highest medical authorities as well as the most competent trainers, unhesitatingly denounce it as pernicious in its effects.

It would not be so bad if the race was limited to those of mature physical development. But such a restriction would interfere with the plan of those promoting the contest, who wish unlimited scope to their self-exploitation. Even the young lad who is not old enough to go out alone after dark is drawn into these endurance runs. A staff of **picked** physicians, forsooth, analyze every boy very carefully, and verify the integrity of the vascular system. They palpate the muscles of the contestants, and pronounce them good fellows—all of them, and, with a slap on the back, give assurance to all concerned that such well trained physiques will “come through” all right. What a blessed comfort it is to feel that in time of need, medical counsel can be found to give just the kind of advice wanted. Yet no physician without **special gifts** would, on careful and serious consideration, approve of the participation in such a contest by any boy, even when trained. Nor would he be likely to consent that a boy should ever be allowed to undergo a training rigorous enough to prepare him for a real endurance run. The training is injurious without the run, as truly as the run is dangerous without the training. The Outing Magazine, for May, says editorially: “ \* \* \* that it is a matter in which municipal authorities could well interest themselves and see to it that the different Marathon clubs which have been springing up all over the country should not allow lads of tender years to participate.” Babcock says: “I desire here to

dwell on the harm \* \* \* likely to accrue to young children \* \* \* from games that necessitate long, hard running. There is **actual**, not **fancied**, danger of cardiac dilatation." Again, speaking of the effects of training on the athlete, he says: "If, however, he is over-trained, or if his training prove inadequate, the heart may be the part that suffers. Under such circumstances acute dilatation may result from a single contest."

Boys, nor even men, should be put through the training requisite for such feats of endurance, nor should they be allowed to enter such contests without the training. The peril, to the untrained, of acute dilatation of the heart, while more imminent, is no more serious than that which insidiously comes to the highly trained athlete by reason of the inevitable hypertrophy of heart and vessels, which he finds left on his hands to degenerate and break down, when, later on, the conditions of life make such an equipment no longer necessary. The tendency of modern college athletes is to such over-training and it is the duty of our profession to arrest this pernicious tendency.—O. P. D.



**That Time at Emporia.**—The Emporia meeting was a notable one in at least two particulars. First, it was very enjoyable in all its social aspects. It was infected with an air of joviality which emanated from the genial resident members and diffused itself among all the visitors. In the second place, the meeting was remarkable for either the conspicuous absence or inconspicuous presence of many of the big-wigs or great *poseurs* who have hitherto been much in evidence on such occasions. This was especially true on the first day of the session, the general attendance, as well, being light and few of those down for papers present. The second day, especially the afternoon, showed quite a large increase, and more papers were read. Some of the real conventionists were out by this time, and honored the meeting by taking part at a time when they could best be seen and heard. The real conventionist seldom helps to make a meeting an out-and-out success. He is simply one who has the terrible burden of something to say on his mind, and who feels that he must say it for all it is worth,—or who, still worse, has little to say, and therefore must say it for far more than it is worth. He seldom comes the first day and stays till it is all over, but usually stops over between trains, and when he has delivered himself, hurries away, "to operate," or "to hold an important consultation."

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But there was quite a sprinkling of the "hoy polloy" there, who went just out of sheer desire to be there, and who turned themselves

loose to get the most of benefit and pleasure possible out of the meeting. Such fellows really look forward to these recurring occasions with even impatient anticipation, and they don't let anything like a little old case of some kind keep them away, any more than would many of them—and others who can't find time to attend these meetings—let such a thing keep them away from a base ball game. Anybody can do anything he really and truly wants to do, and desire, once gratified, will lead to stronger desire, until habitual action is established in time. Attendance on these annual meetings of the Kansas Medical Society will become a habit if repeated two or three times. Every doctor in the state ought to "get the habit."

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The program is of course a very important consideration at these meetings. It should be elaborated very carefully, and the persons assigned should be impressed with obligation to make good. Perhaps it would be better for those who get up the program to find the subjects as well as the individuals to be assigned and thus avoid the chance of the program being poorly balanced. Symposiums on special departments or topics might be arranged, which would attract the men interested in such lines and hold them for at least an hour or two. But above all, the men who are down for a hearing ought to be made to feel that they are committing a serious offense against their fellows, if they fail to respond when their assignment is called.

\* \* \* \* \*

But programs and discussions about medical subjects, however important, are not the most important features of the state meetings. The good fellowship to be enjoyed there, if only one attunes himself; the respite from the grind of the daily toil; the escape from the exactions of a querulous and morbid clientele; the rising to a plane above the traditional ennuities and differences and bickerings;—these, and such like, outweigh all other considerations of advantage a thousand fold. And the reason we are still so ineffective as an organized profession and so estranged as individual components of it is because we do not properly recognize the value of these factors and avail ourselves of them in our medical organizations.

\* \* \* \* \*

How the years fly! How we love to look back in memory on other days when we have met together—here and there and yonder—many congenial spirits, who haunt these functions year by year! What a relief to lay off whatever of gravity and dignity we may feel it necessary to wear at home, and just be good fellows—I almost said "boys"—again! As time goes by we shall look back at many



of the features of the Emporia meeting as of almost dramatic interest. What could savor more of the weird and uncanny than that silent and breathless march in the twilight to a destination not revealed to the rank and file of us? And what more suggestive of the usage of the pursued and persecuted Covenanters of old, when our "tokens" were taken at the door of a grim old pile and we went down and around and up again, as though in caverns or catacombs, till at length we found ourselves in a dimly lighted chamber and listened with strained ears to the whispered greetings of the chief conspirators? What story of the daring of Russian patriots and their clandestine deeds could be more thrilling than the recital furnished us of the tribulations and hardships by which the precious hour had been made possible? And with what effusion did many there renew their vows of mutual friendship?

*"Amici, usque ad aras!"*

The night was warm but the apollinaris sparkled and the soda water fizzed, and many libations were poured and hekatombs offered at the altar of the ancient god of healing. There was May with his limericks, and Sterrett with his song and story, and Jackson with his hyperbole, and Hoxie with his aphorisms and Hunt with his fables, and a hundred besides who might have offered much out of the fullness of their souls, but whom time and fate permitted not a word. But these little incidents in an evening's innocent gaiety are now mere memories and are stored away, along with others of the kind, in some secret drawer of the mind, which we may open up some day, years hence, when we come across among our little keepsakes, the faded badge of the Emporia meeting.

\* \* \* \* \*

Oh, for the days when we were young in years as well as in spirit! when we were all college boys together, and had heart to heart intimacies and happy comradeship! And it is the spirit of those fast receding days which it is one of the best functions of our society meetings to renew and keep alive.—O. P. D.

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## NEWS NOTES

Dr. S. J. Crumbine's "swat the fly" has been productive of much good it seems.

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Dr. Frank B. Hiller of Kahoka and Dr. E. F. Robinson of Kansas City were appointed members of the State Board of Health of Missouri. The Governor has decided that new members of the board of health should not be connected with any medical school.

Dr. Chas. F. Martin, formerly of Winchester, Kansas, has located at Amsterdam, Mo.

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Bethesda Hospital, Topeka, is to be greatly enlarged in the near future, by the erection of modern fire proof building adjoining the old.

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Dr. T. W. Peers, of Topeka, has recovered from a surgical condition which necessitated an operation, and is now able to resume his practice.

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**The Cobb Building** of Seattle, upon which construction has already begun, is designed exclusively for the use of physicians and dentists.

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The Kansas Medical College will give the annual fall clinic week for Alumni and other practitioners at the opening of the school term in September.

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The Medical Staff of the Sterling (Kansas) Hospital announce the opening of their new hospital building at Eighth and Washington streets, July 2nd.

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Dr. J. E. Minney, Topeka, recently donated a large collection of medical works and files of medical periodicals to the library of the Kansas Medical College.

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July 21st, 1909, has been set aside as Medical Day at the Alaska-Yukon-Pacific Exposition, at Seattle. Very cheap rates are in effect during the Exposition.

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There are only four states in the country which still admit non-graduates of medical colleges to practice; they are Arkansas, Massachusetts, Mississippi, Tennessee.

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Dr. W. D. Storrs, while attending the Mayo clinics at Rochester, Minn., recently, suffered an attack of appendicitis and underwent a successful operation. He has now recovered and has returned to Topeka.

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The committee of representative lay and medical men that has undertaken to collect a substantial sum for the creation of a memorial to the late Dr. William T. Bull has wisely decided upon a

department of surgical research as the most suitable and useful monument to his memory.—American Journal Surgery.

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Dr. F. W. Tretbar and brother, Dr. J. G. Tretbar (dentist), of Hudson, Kansas, are on their way to Europe, where they will tour Southern Europe, Italy, Switzerland and France, after which they will take up post-graduate work in Heidelberg and Vienna.

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The Cholera Epidemic in St. Petersburg, according to newspaper dispatches, is rapidly assuming the proportions of the epidemic in 1908. On June 19th fifty-three new cases were removed to the hospitals making a total of 176 cases. Eight cholera hospitals are now open.

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**Colonel Gorgas Honored.**—At the eighty-fourth annual commencement of Jefferson Medical College, of Philadelphia, the honorary degree of Doctor of Laws was conferred upon Colonel William C. Gorgas, chief sanitary officer of the Panama Canal Commission, and president of the American Medical Association.

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In Iowa the State Sanatorium for the Treatment of Tuberculosis has secured an appropriation of \$55,000 for new buildings. For maintenance during the next two years \$96,000 is available, while \$10,000 is devoted to lectures and education of the public.—Michigan State Med. Jour.

Would that the Kansas legislators could see the light at the next session and appropriate sufficient funds to establish an institution for the care of her tuberculous poor.

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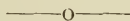
The fifty-second annual meeting of the Missouri Medical Association, which convened in Jefferson City, selected Hannibal for next year's meeting place.

The following officers were elected: President.—Tinsley Brown, Hamilton; Vice-Presidents.—1st, J. M. Bell, St. Joseph; 2d, J. A. Harris, Mt. Vernon; 3d, H. G. Shobe, Paris; 4th, B. W. Hayes, Jackson; 5th, J. L. Thorpe, Jefferson City. Secretary.—A. W. McAles-ter, Jr., Kansas City (re-elected.) Treasurer.—J. Franklin Welch, Salisbury (re-elected.)

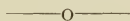
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The American Academy of Medicine held its thirty-fourth annual meeting in Atlantic City on Saturday, June 5th, and Monday, June 7th. Officers for the ensuing year were elected as follows: President, Dr. James H. McBride, of Pasadena, Calif; vice-pre-

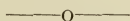
sidents, Dr. Philip Zenner, of Cincinnati; Dr. W. Blair Stewart, of Atlantic City; Dr. Ruth Webster Lathrop, of Philadelphia; and Dr. H. W. Loeb, of St. Louis; secretary and treasurer, Dr. Charles MacIntyre, of Easton, Pa; assistant secretary, Dr. Alexander R. Craig, of Philadelphia.



**The Scientific Exhibit at the Atlantic City Meeting of the American Medical Association.**—Diplomas of honor for exhibits of superior merit were awarded to the following: American Pharmaceutical Association; Dr. Emil Beck, of Chicago; Jefferson Medical College, of Philadelphia; Laboratory of St. Mary's Hospital, Rochester, Minn.; Philadelphia Rontgen Ray Society; the University of Maryland; the University of Pennsylvania; the Philadelphia Polyclinic; the Hartford, Conn., Association for the Prevention of Tuberculosis; the Charity Organization Society of the City of New York. The New York Lying-In Hospital received a gold medal for the best exhibit of research work. The gold medal for the best tuberculosis exhibit according to specifications was awarded to the Indianapolis Medical Society, with honorable mention of the excellent exhibit of the New York State Department of Health.



Columbia, Mo., June 2nd.—The board of curators of the University of Missouri at the meeting here today decided that until such time as arrangements can be made in some one of the cities of the State for the teaching of clinical medicine, the last two years in the School of Medicine will be temporarily suspended. A committee consisting of J. V. C. Karnes, Dr. J. C. Parish, D. R. Francis, and President Hill was appointed to arrange as soon as practicable for such a course in clinical medicine. Dr. C. M. Jackson, Junior Dean, was appointed to succeed Dr. A. W. McAlester, dean, who resigned yesterday. Dr. W. J. Calvert, has been called to the professorship of international medicine in a Texas College. The board of curators appointed Carroll R. Forbes assistant professor of mines at Rolla. Dr. Isadore Loeb was reappointed acting dean of the School of Education.—K. C. Star.



**American Party, International Medical Congress, August 29 To September 4.**—For the benefit of those who contemplate attending this Congress, we would state that ample arrangements have been made for hotel accommodations in Budapesth, a large number of rooms having been engaged a year or more ago, in the Hotel Hungaria, for the members of the American Party. Reservation should be made this month, to insure good rooms. Those who



join this party will have no worry as to details, a competent guide being in constant attendance. The cost of the entire trip, including a week's board in Budapesth, meals en route, railroad fare, tips, first-class steamship both ways, carriages for sight-seeing, visiting hospitals; forty-one days, \$395.00. Sail from New York, August 12, Full information and itinerary may be obtained by addressing Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo. (New York Headquarters, Grand Hotel, Broadway and 31st street; Atlantic City address, Grand Atlantic hotel.)

Those who desire membership in the congress may send their application to Dr. J. H. Musser, chairman American Committee, Philadelphia, accompanied by a fee of \$5.00, and professional card.

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### SOCIETY NOTES.

The American Academy of Medicine held its annual meeting at Atlantic City, June 5-7, 1909.

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The American Ophthalmological Association holds its annual meeting at New London, Conn., July 14-15.

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The first meeting of the Medical Association of the Pacific Northwest, including those of British Columbia, Idaho, Oregon and Washington, will be held at Seattle Wash., July 20-21-22-23, 1909. This would be an ideal time to visit the exposition and also to attend a "great big" Medical Society, whose program arranged in sections compares favorably with the best.

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At the regular monthly meeting of the Shawnee County Medical Society, held June 7, Dr. N. J. Taylor reported an extremely large umbilical hernia with cure, in a new-born child. Dr. A. B. Jeffrey presented a paper on Rabies and its diagnosis.

Dr. H. Milton Connor, Dr. L. V. Sams and Dr. William E. Jackson were admitted to the society membership.

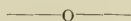
J. B. TOWER, Secy.

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At the meeting of the Reno County, Medical Society, May 28, 1909. Dr. F. J. Hall, of Kansas City, Mo., read a very practical and interesting paper on, "The Technique of Diagnosis," which was greatly appreciated. The doctor also showed and discussed a specimen of colloid carcinoma of the stomach and omentum, obtained from a patient of Dr. M. Trueheart's at Sterling, that morning.

M. C. ROBERTS, Secretary.

Preparations are already well under way for the next annual meeting of the Medical Association of the Southwest, which is to be held at San Antonio Nov. 9-11 1909. Many prominent members of the profession are expected to be present, a number of whom will make addresses and read papers. The Secretary will do all that lies in his power to secure reduced railroad rates and if every one who is expecting to attend will drop a card to F. H. Clark, Secretary-Treasurer, at El Reno, Okla. and let him know they expect to attend it will assist him in securing these rates by letting the railroad companies know about how many will be in attendance. The headquarters will be at the "St. Anthony" hotel which is amply large to accomodate all who desire to attend. A considerable interest has been manifested in an excursion down to the City of Mexico and the International Railroad have promised a rate of approximately \$26.00 for the round trip with plenty of opportunity for side trips. If any one is interested in this trip they will confer a favor by writing the secretary so he may know about how many to assure the railroad will go. The local committees are all hard at work, and promise every one who attends the very best kind of a time. This with the fact that San Antonio is one of the old historic cities of this country and the assurance of a splendid professional program should bring the largest attendance that has ever attended these meetings.



## NOTES OF THE ATLANTIC CITY A. M. A. MEETING.

The scientific exhibit was one of the most interesting features of the meeting.

Kansas was represented in the house of delegates by its full quota 3 members: C. C. Goddard, L. L. Uhls and James W. May.

The meeting next year will be held at St. Louis, Mo., Los Angeles made a bid for it but did not have sufficient votes in the House of Delegates.

Atlantic City is unsurpassed for a place of meeting, and is the greatest convention city in the United States—during June there averaged one convention a day.

The following physicians from Kansas registered at the A. M. A., meeting: C. C. Goddard, Leavenworth; Arch D. Jones, Wichita; Edward M. Palmer, Wichita; G. A. Tull, Clay Center; L. L. Uhls;

Osawatomie; Jas. W. May, Kansas City; M. L. Perry, Parsons; G. W. Maser, Parsons; E. P. Pitts, Atchison; John Troutman, Kansas City.

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The Radu Surgical Instrument Co., gave an interesting and novel demonstration every afternoon, of the valve motion of the heart, in which the heart is illustrated on the inside, and water used to bring the valves into play.

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The foreign guests were: Wm. Dow, Regina, Sask., Canada; Gerald Harmer, London, England; Max Nouné, Hamburg, Ger.; Friedrich, Marburg, Germany; W. Arbuthnot Lane, London, Ang.; Juan Guiteras, Havana, Cuba; George Pernot, London, Eng.; N. A. Powell, Toronto, Ont.; Chas. E. Treble, Toronto, Ont.

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The president William C. Gorgas, delivered a masterful address at the general meeting at the formal opening of the session, his subject being "Sanitary Work at Panama as it bears on Malaria." Dr Gorgas is given credit for the eradication of yellow fever and the greatly lessening of disease in general, in the Panama, by his wonderful methods of sanitation.

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The following officers were elected for the ensuing year: President, Dr. William H. Welch, Baltimore, Md; First vice-president, Dr. Robert Wilson, Charleston, S. C; Second vice-president, Dr. Charles J. Kipp, Newark, N. J.; Third vice-president, Dr. Alexander Lambert, New York City; Fourth vice-president, Dr. Stanley P. Black, Pasadena, Cal.; General Secretary, Dr. George H. Simmons, Chicago, Ill. (re-elected); Treasurer, Dr. Frank Billings, Chicago, Ill. (re-elected).; Trustees, Dr. C. E. Cantrell, Greenville, Texas (to take the place of Dr. T. J. Happel, deceased); Dr. M. L. Harris, Chicago, Ill. (re-elected); Dr. C. A. Daugherty, South Bend, Ind.; Dr. William T. Councilman, Boston, Mass.

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Following is a list of the entertainments given for the benefit of the guests:—Yachting for ladies, Ventnor Boat Club. Public exhibition, hauling of seine (courtesy of Mr. John L. Young) at Young's Million Dollar Pier. Ladies reception at Plaza, Marlborough-Blenheim. Musical at Dance Hall, Steel Pier. Musical (Metropolitan Orchestra, with soloists), at Marine Hall, Young's New Pier (second hall out from the Boardwalk). Vaudeville and smoker for ladies and gentlemen at Islesworth Cafe, Virginia Avenue and Boardwalk, and also at New Berkeley Cafe, Kentucky Avenue and

Boardwalk. Ladies Tea.—Informal tea at the Chalfonte Hotel to the visiting ladies by the ladies committee of Atlantic City.

The reception to the president which was followed by a dance took place at Young's Million Dollar Pier, and was the social event of the week.

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The secretaries of the State Societies, and the Editors of the State Journals, held their annual meeting at the Marlborough Blenheim, at which a banquet was tendered them by the American Medical Association. Papers were read by several members and ways and means discussed for the betterment of the societies and their Journals. This annual meeting is resulting in much good being accomplished.

The officers elected for the ensuing year are as follows: President, Thos. McDavitt, St. Paul Minn; Vice-president, C. H. Beecher, Burlington, Vt.; Secretary-Treasurer, Lillian H. South, Bowling Green, Kentucky.

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### BUSINESS CHANCES.

**For Sale Cheap**—One absolutely new Butler Buggy, rubber tired, equipped with rain-or-shine top. This buggy has never been out of the shop. Write editor.

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**The "Lodge."**—To settle the estate of Dr. Sexton, his interest in this well-known institution will be sold at once. For particulars write Mrs. M. P. Sexton, Bonner Springs, Kansas.

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**Wanted**—Location, or get associated with busy practitioner. M. D. and Ph. G. from best school. One year in large hospital, several years private practice and inspector for Chicago Health Department. Well up in surgery and laboratory work. My object is to get back to my home state and would prefer a German community in good sized town. Address Dr. F., 453 E. North Ave., Chicago.

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**For Sale**—My practice and office fixtures, etc., office fixtures new and up-to-date. County seat town in eastern Kansas, population 3000, best located office in city, rent 2 rooms \$6.25, per month, up stairs on most prominent corner, old established practice. Collections first class. On account of poor health will retire from practice. Five hundred dollars worth of medicine and fixtures. Terms on application. Address P. O. Box., 272. Garnett, Kansas.



Witmer & Witmer,

207-8 Argyle Bldg., Kansas City, Mo.

Gentlemen:

After using your system six months, I write to say that I no longer depend on my memory for the detail of cases, that my accounts are managed more satisfactorily and the line of treatment for similar cases can be more readily carried out.

With best regards to you, I am, Very truly yours,

W. S. LINDSAY, M. D., Topeka, Kansas.

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### THE MORTALITY IN ONE THOUSAND OPERATIONS FOR GOITRE.

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C. H. Mayo (Surgery, Gynecology and Obstetrics, March, 1909) observes that in conquering serious diseases by surgical measures it is important that the operation itself should be as free from mortality as possible. In the early surgery of goitre in this country the mortality was high in a number of cases operated on, as usually the operations were of great urgency or necessity and only the very worst types were sent to the surgeon. These were often in a nearly moribund condition, after the delay of a long-continued and oft-changed medication.

Operations upon colloid, simple, or diffuse adenomata, and upon encapsulated adenomata, as a rule involve but slight risk to the life of the individual. Many patients who are so afflicted wish to be relieved of the deformity, tracheal pressure, and hoarseness, possibly a severe neuralgia. But from the examination of a large number of varied tumors of this nature, we must say that despite the enormous discomfort and suffering with which the disease may be accompanied, actual death occurs but rarely, and then only from intrathoracic or from malignant or degenerative change in the gland. The Mayo's have had a number of large goitres exceeding 20 inches across the front of the neck and tumor from one side to the other. One tumor measured 31 inches in circumference, including four inches of the back, the only free portion of the neck.

In their series of cases there were in all 574 cases of simple, colloid, or diffuse adenomata, including encapsulated goitre, adenoma, and cystadenoma, also four operations for accessory thyroids in the lines of development, one being a lingual thyroid. All were treated by extirpation or enucleation. Two operations were incisions and drainage of acute inflammatory conditions. There were four deaths in this series, one being from lobar pneumonia on the eighth day, another from two severe delayed hemorrhages,

one from shock of which there was found brown atrophy of the heart and fatty infiltration of the liver with gall-stones, and one from septic pneumonia on the fourth day.

In another great class of cases the term "hyperthyroidism" is used because it best describes a condition which manifests such varied symptoms, and it is probable that earlier relief will be given to many who are now treated for heart disease, nervous disease, gastric crisis, and intestinal toxemia, until a projecting eyeball or goitre becomes sufficiently prominent to attach the label of Parry's disease, Grave's disease, Basedow's disease, or exophthalmic goitre to the unfortunate individual, who must then run the gauntlet of the enormous variety of therapeutic agents which are good for the disease when properly christened.

It is quite probable that many cases of hyperthyroidism never progress beyond the early stages and are not diagnosed as such, and it is probably true that many cases in advanced stages of the disease get well with, without, or in spite of treatment. The Mayo's believe that one-fourth the number do so. Yet in hyperthyroidism, Ewings, MacCallum, and especially Wilson's report of 294 cases, show a definite change in the structure of the glands in this type of disease, and the results from the reduction of secretion are certainly almost marvelous.

In the Mayo's early surgical work in hyperthyroidism, beginning some fifteen years ago, only the most desperate cases were thus treated, and they considered results up to the average which gave 25 per cent mortality in the first 16 cases. One of these fatalities occurred on the table. Better judgment in selecting a favorable moment for operation, with more careful preliminary preparation of the patient, resulted in but three deaths in the next 40 operations for the disease. In this connection during the last two years six cases coming to them from a distance died a medical death between the fourth and ninth day after reaching the city, their inoperable condition being recognized because of former experience. Fortunately they were able to compare the autopsy reports of these cases with conditions which were observed in deaths following surgical procedures upon the gland. In all of these who died the reports were to the effect that there was degeneration of the heart muscle, fatty liver, soft spleen, and chronic nephritis, and usually enlarged thymus. One very marked case dying without operation on the fifth day, under observation had no palpable thyroid gland, yet the autopsy showed it to be enlarged and weighing over three ounces.

The various degenerative changes in the gland, with increased cell activity, have explained why in advanced and delayed cases,

with what might almost be called "terminal degenerative conditions," the mortality is not only increased, but also why a satisfactory cure does not follow in many instances where great operative skill has avoided mortality. Such cases should be compared to the removal of a bullet from the body with the expectation of obtaining relief from all injury caused by its passage.

There was 49 cases of marked hyperthyroidism operated upon, with 19 deaths. Most of these were treated by extirpation of one lobe, usually the large right and the isthmus, and sometimes a part of the left being removed. Occasionally an adenomatous condition could be enucleated. In the early stages of the disease very mild cases were treated by ligating arteries and veins at both upper poles, which represent about one-fifth of the ligated cases. Nearly all of the others operated upon in this manner were the worst possible type of cases which could be chosen, and the operation was done only as a preliminary treatment in preparation for the removal of a portion of the gland later. In the most aggravated cases in which there is dilated heart, adenoma, and ascites, preliminary preparations were frequently prolonged for several weeks before the operation could be undertaken. These patients improve quickly under the various forms of treatment, such as medication, x-ray, rest, etc., but they may also fail rapidly.

In operating it is needful to avoid periods of gastriccrisis or intestinal relaxation, and the operation may be postponed several times waiting for a favorable opportunity. Some form of operation may be considered beneficial which has for its object the reduction of secretion, either by lessening the circulation by ligation of the vessels, or by removal of a portion of the gland.

There were 97 cases of hyperthyroidism treated by double ligation of the superior thyroid arteries and veins with one death, and 14 cases of ligation of the superior thyroid and veins of the remaining lobe after extirpation of one lobe and isthmus were found to have improved the patient, though not to a satisfactory extent. There were 295 cases of removal of more or less of the gland, with 18 deaths, seven of which occurred in the first 46 operations. One of these deaths occurred on the table from shock, 15 from hyperthyroidism, nearly all within twenty hours after operation, two from embolism, one pulmonary and one cerebral.

After all has been said concerning the various dangers from operating for ordinary adenomatous goitre, Mayo regards hemorrhage, either primary or delayed, with the efforts made to control this usually accidental condition, as the prime cause of death. Delayed hemorrhages occurs usually from including some muscle

fiber in the ligation of the superior thyroid artery. Fortunately patients operated upon for the various forms of adenomatous goitre are almost always able to withstand serious hemorrhages. The occurrence is far more serious in the extreme cases of exophthalmic goitre with degenerated and dilated heart and other complications associated with such conditions, although hyperthyroidism, with a continuance and increase of all symptoms, is usually the cause of death in this latter form of the disease.

As to the dangers from injury or removal of the parathyroids, Mayo believes that with ordinary precautions, and with the modern operation, such a result may be expected about as often as pulmonary embolism may be looked for in abdominal surgery. The danger of such injury will seldom occur in operating for exophthalmic goitre, but care must be exercised in preserving the posterior capsule in the operation upon colloid goitre in which both lateral lobes of the thyroid are attacked at the same or separate periods.

Cancer and sarcoma of the thyroid are most serious conditions. In the early stages of both a cure may be possible, but it will usually be in the unsuspected case. Cancer of the thyroid which has progressed so far as to be readily diagnosed is practically incurable. Inasmuch as goitres of long standing may become malignant, and that in such cases the change is usually accompanied by rapid irregular growth of a long stationary gland, as a rule with loss of weight and other symptoms of irregular hyperthyroidism, it is proper to state to individuals thus affected that an operation should not be long postponed.

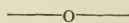
In the series there were 18 cases of cancer with one death, which was occasioned by tracheal collapse from softening of the rings, and two cases of sarcoma with no mortality. There were fully half as many patients with malignant thyroids who appeared too late to derive any possible benefit from a surgical operation, and it was therefore not advised.

In the after-care of patients, all but the simplest cases receive a quart of saline rectal enemata given very slowly after the operation. This is repeated in a few hours, and in extreme cases again ten hours after operation. Should there be intestinal relaxation, as in extreme cases of Grave's disease, subcutaneous use of the saline is substituted for the rectal method. Morphine is employed for extreme restlessness. Cold over the pericardial region in marked palpitation seems to be of benefit, and if exhausting perspiration is a symptom, it is controlled with repeated small doses of atropine.

The anesthetic given had been ether, preceded by atropine 1-120

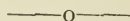


grain and morphine 1-6 grain. Only 20 odd operations were made under cocaine anesthesia.—Reprint from the Therapeutic Gazette, May, 1909.

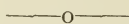


## CLINICAL NOTES

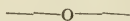
In cases of hemorrhoids the use of a suppository containing five grains of extract of hamamelis to ten or fifteen grains of cocoa butter inserted at night, often acts beneficially by allaying irritation and serving as a protective and lubricant during defecation.—International Jour. Surgery.



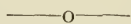
In operating for intestinal obstruction in the colon the first thought should be to save the life of the patient. This can often best be done by making an artificial anus. Too many patients are sacrificed to the surgeon's zeal to do a complete and mechanically perfect operation at once.—American Journal Surgery.



Pain in the back or extending down the leg, and sometimes simulating sciatica or lumbago, may be due to chronic prostatic disease. It is wise never to make an offhand diagnosis of sciatica until every source of possible reflex pain from local organic disease has been eliminated by careful examination.—International Journal Surgery.

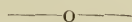


The x-rays in the treatment of skin diseases are still being employed and, despite improved methods of technique and better instruments, the results which are observed cannot yet be considered as very brilliant or even flattering. In the case of rosacea, more particularly, no better results seem to be obtained than by other methods with the added danger of a possible x-ray dermatitis. American Journal Dermatology.

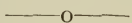


Developed cases of tetanus require treatment, the details of which are well set forth in numerous modern articles. The chief points are to be sure that the focus of infection is removed, the toxin combatted by antitetanic serum in sufficient dosage, the system supported by every means practicable, and the nervous phenomena controlled by whatever drug is most efficient. If morphine, chloral, bromides, and chloroform are ineffective, heroic dosage of chloretone may succeed, as reported by Hutchings, or intra-spinal injection of magnesium sulphate.—Michigan State Medical Journal.

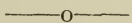
When male infants are irritable and manifest occasional convulsions, the genitalia should always be examined. It is not an unusual thing to find a condition which demands immediate attention. This is adherent prepuce and it may be added that, in female children, an adhesion of the prepuce of the clitoris will have the same effect. The best treatment and one that will be permanent is circumcision and should be performed at once.—*American Journal Dermatology*.



**Bier's Method in Puerperal Mastitis.**—Dr. O. Jaeger (*Deutsche Med. Wochensh.*, April 8, 1909) concludes that Bier's suction cups, if properly employed, are superior to any other method of treating puerperal mastitis. He cautions particularly against too intense suction, since it may cause nutritive disturbances in the affected tissues and promote abscess formation. The apparatus is applied for three 5-minute periods with intermissions of several minutes, so that each sitting lasts about 20 minutes. This is done once or twice daily and in the interval the breasts are bandaged. The suction should not be carried to the occurrence of marked cyanosis of the affected area, but only to such degree that it assumes a bright red color with a bluish tinge.—*International Jour. Surgery*.

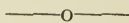


**Phagocytosis.**—F. M. Pottenger, Monrovia, Calif. (*Journal A. M. A.*, June 19), offers the following conclusions, deduced from experiments with the blood of various patients presenting considerable variation in the number of cells belonging to the different classes of Arneth, in order to determine if the different classes of cells retained a constant relative phagocytic power: "1. There is more or less definite phagocytic value for each variety of neutrophile (Arneth's classification) acting on staphylococci. 2. This fact will surely throw light on the varying phagocytic values of neutrophiles obtained from various sources. 3. It may aid in the solution of the question of leucocytosis induced for therapeutic purposes. 4. It is evident that Wright's early assumption, namely, that the leucocyte is a comparatively indifferent factor, is wrong."



**Chloroform in Hemoptysis.**—Joseph B. Fish, Edgewater, Colo. (*Journal A. M. A.*, June 12), after referring to a previous paper on the successful use of chloroform in pulmonary hemorrhage (*Journal A. M. A.*, March 13, 1909, page 883), says that he has continued his experiments and now practices this treatment alone in such cases. The effect of chloroform on the circulation is chiefly to decompress the vasomotor system, causing an extraordinary fall

of blood pressure. Complete vascular relaxation follows and the patient, so to speak, is bled into his own vessels. There is also some cardiac enfeeblement and dilatation, which also contribute to lowering the blood pressure. Chloroform has also a depressant effect on the respiration, and, as it produces the coagulation of the blood *in vitro*, it is possible that some direct contact with the bleeding point by the vapor may also have some effect. He describes his mode of administration of from 2 to 4 c. c. of chloroform on an ordinary inhaler or wad of cotton held near the nostrils of the patient. The hemorrhage will cease within 5 or 10 minutes, and during the following 24 or 48 hours the patient will be bringing up blood clots. The inhalation of from 15 to 20 drops every hour is continued for a few days and ammonium chlorid, with small doses of codein, is given internally every 4 hours to expel the retained secretions and prevent excessive coughing. It is a good plan, he says, also to give a teaspoonful of magnesium sulphate to keep the bowels free. In the limited number of cases in which he has used this treatment the results have been all that could be desired, and he recommends it to further trial by others.



**Streptococcic Throat.**—P. McKinney, Memphis, (Journal A. M. A., May 29), refers to the communications of Alice G. Bryant in the The Journal, June 13, 1908, and of J. O. Hollick in the London Lancet, December 19, 1908, which last one he quotes largely, as of special interest in reference to streptococcic infection of the throat. A condition has prevailed during the past winter in Memphis and the surrounding country similar to or identical with that described by Hollick of streptococcus disease, either alone or with diphtheritic infection in addition. In these mixed cases the antitoxin does not seem to have the same good effect, and when virulent the disease is likely to be fatal. While ordinarily we do not expect a streptococcus infection to be fatal, we are not justified in giving an unqualifiedly favorable prognosis in any of these cases, since we can not determine whether it may not take on a malignant form at any time. Seven cases in all are reported by him, one of them being fatal. The other patients recovered, usually in a short time, but in one case in an adult, though there was no diphtheritic infection reported, there was great prostration and a slow recovery.

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### CHOLELITHIASIS FROM A SURGICAL STANDPOINT.

Dr. H. G. WELSH, Hutchison, Kansas.

Read Before the Kansas Medical Society, May 6, 1909.

Some of our text books tell us that one in eight people over the age of forty have gall stones. If this is a fact it seems to me that it is a very serious matter and that it is high time that we are becoming more efficient in our diagnostic ability. These older authorities, however tell us, also, that in the great majority of cases, gallstones lie dormant and produce no trouble, no symptoms. Now is this a fact? I believe today we are beginning to doubt the good old authors on this point. Quoting from Kehr, gallstones are so frequent almost every tenth adult body exhibits them, that as a surgeon pointedly says, every theater, every church, every concert-hall, would resound with lamentations, if stones occasioned discomfort in all cases. "A little further on he says, "They have, perhaps, some times, some dragging in the right side, they feel a slight oppression in the stomach, they suffer from eructations and occasional anorexia, but on the whole there is no question of actual disease." The above quotation is from his work on gallstone disease published in 1901. I believe he would write a different opinion today. The older authors told us to look for stones in the stools, for jaundice and colic, then finding all these we could say our patient suffers from gallstones. These symptoms will no more answer for today, than will the oxcart for the automobile. "According to Schroeder 14 per cent of gall-stones sufferers sicken with cancer."

"Osler, quoting Fitz says that intestinal obstruction, occurs once in thirteen times from gall-stones." Leechlenstern says once in every twenty-eight obstruction and H. L. Barnard, quoting from the statistics from the London Hospital for eight years, that out of



three hundred sixty (360) cases of intestinal obstruction there were eight cases of obstruction by gall-stones or one in forty-five (45). The Mayos find that eighty-one (81) per cent of pancreatic disease to be the result of or at least associated with gall-stones." I have seen one case of obstruction of the bowel from a large gall-stone but no cases of cancer or pancreatic disease. Now there must have been, there were symptoms of gallstones in these cases. We simply did not know them.

Allow me to quote from Moynihan. He says, "Those of us who have much engaged in the surgical treatment of the various diseases of the biliary system during recent years are ready to acknowledge that much of our work has dealt with the later manifestations, the complications; and the sequels of gallstone disease. A review of a series of operations will disclose the fact, that many if not all, of the pathological changes laid bare were of an advanced character, and were an evidence of undeniable importance as to the protracted character of the disease."

"We have been operating, says Moynihan upon our patients, not because they were suffering from cholelithiasis, but because the stones, which had long been present in the gall-bladder, had given rise to advanced pathological changes, which were altogether incompatible with life, or which rendered life intolerable."

I believe this the experience of all surgeons, But now, if we could make an early diagnosis would it not be much better to operate early, before the pathological changes have taken place? I know that in several cases, that I have had, it would have prevented untold suffering.

The following symptoms for the early diagnosis of cholelithiasis are laid down by Moynihan, "The inaugural symptoms, as he calls them, of cholelithiasis are sufficiently definite to allow of a confident diagnosis in a great many cases. These symptoms are referred, by all patients, not to the liver or gallbladder, but to the stomach. The comprehensive term "indigestion" is used by all patients to describe their sufferings, indigestion means to them a pain, or discomfort, or uneasiness after food. The pain is not acute but is rather a sense of fullness, flatulence, oppression, or, distention in the epigastrium. This feeling comes usually half an hour to three-quarters of an hour after food. It is excited constantly by certain kinds of food; apples are frequently held culpable, and cheese also. Coffee, or tea or certain flavorings in puddings, are known to produce an attack of this kind. The sensation is relieved by belching, and especially by vomiting. It may at times increase so much in severity as to be described as an acute pain. The center of the

pain is always in the epigastrium, although it may radiate to one side, or to the other. If it should be felt severely on the right side, a symmetrical pain on the left side is not infrequent. In severe attacks the pain goes through to the shoulders, particularly to the right shoulder. In such attacks there may be a "catch in the breath;" the patient says it is impossible to take a deep breath, for as the chest fills a sudden stabbing pain is felt which cuts short the respiratory effect. This spasm of the diaphragm is very characteristic of gall bladder disease, and often distinguishes them from gastric or duodenal conditions with which they are apt to be confounded. If close inquiry is made, the patients will often tell of an occasional shiver which is felt when the pain is severe, and is prone to come on in the evening. The shiver or chilliness is never severe, never approaches a rigor in severity. It is rather a feeling of cold, "a goose-flesh" sensation, which lasts but a few minutes. At the same time the patient commonly experiences a sensation of weight and fullness in the head, of drowsiness, or of a dull heavy headache. Attacks of migraine are sometimes noticed, especially when the patient is fatigued. These are the inaugural symptoms; if they persist or recur, in the characteristic form here described, there need be little hesitation in affirming the presence of stones in the gall-bladder. Moynihan is disposed to say, without hesitation, "that gall-stones are never present in the gall-bladder without giving rise to symptoms". He has made it a practice to examine the gall-bladder in all operations upon the adjacent abdominal viscera. In many of these he has unexpectedly found gall-stones, and has removed them. In no single case has he failed to elicit a history from the patient of sufferings which were undoubtedly connected with their presence. The instant relief from these sufferings has been a further proof that their cause has been removed. If we in the future, become able to make a diagnosis in early stages of gall-stones, before they have produced the grave pathological conditions that now are required to convince us that a patient really has gall-stones, then what shall be our treatment. Shall it be the usual medicines, Carlsbad or some other noted "pleasure" resort? Who knows of a case, where the gall-stones have once formed, that has really been cured, that the stones have been dissolved, or left the patient entirely, by any other than the surgical route.

In my limited experience in operations on the gall-bladder, and its ducts in a few less than one-hundred cases, I have had to contend with no less than four cases of ruptured bile sacks. Two of these proved fatal. My death rate has been less than four per-cent,

including these cases, therefore I have reason to believe that the death rate would not reach one per-cent if they had come to operation before so much damage had been done. Also the relief from operation would be so much more nearly perfect if we could but get them before such great pathological changes had taken place. I realize that the surgeon must discover the symptoms of this disease, as the antimortem examination, is more reliable than the postmortem.

Some of us older doctors can recall cases of inflammation of the bowels, in which the postmortem revealed a perityphlitis with an abscess it may be. The surgeon worked out the symptomatology and now most of us may be able to diagnose appendicitis. I can well remember, when, if we did diagnose appendicitis, an operation was only performed as a dernier resort. How is it today, very different. You seldom see an up-to-date practitioner now, who hesitates to advise operation as soon as he makes his diagnosis. He knows too well the dire results in neglected cases, as well as the very perfect recoveries in the early operated ones. I believe when we become as well acquainted with the region of the gall-bladder as we are with McBurney's point, that we will cure many cases of "indigestion" and dyspepsias, pain in the epigastrium, and some other troubles now charged up to the stomach, by a very safe surgical treatment.

It is said Oschner, once asked Will Mayo why it was that there were so many more cases of gall-stones in Minnesota than there were in Illinois. Mayo's answer was "we make the diagnosis". When he learned to make the diagnosis, Oschner found plenty of gall-stones in Chicago. Now, we have them here. Make the diagnosis.

There may be but little hope for us older fellows but for the younger generation of physicians there should be no excuse for not learning the symptoms and diagnosis of gall-bladder disease. You would be ashamed not to be able to diagnose appendicitis, the same should obtain in cholelithiasis a little later on. Keep up with the times, learn the symptoms, make the diagnosis. You will find there are plenty of cases.

Treat them medically if you desire, watch them carefully, month after month or year after year, occasionally take a case to a surgeon, just to see how much more sure the cure is and to demonstrate that no other remedy ever cures a case of cholelithiasis. I have a few specimens here if you care to see them. They range in number from a few up to over three thousand, obtained from each case.

## THE IDEAL RELATION BETWEEN DOCTOR AND DRUGGIST.

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Dr. W. A. KLINGBERG, Elmo, Kansas.

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Read Before the Kansas Medical Society, May 6, 1909.

This is a subject, about which much has been thought, yet not as much as necessary has been written on the medical aspect of the subject. Before one can consider the ideal relation, it is necessary that the status quo be mentioned. Before one can understand pathology, it is necessary to have a knowledge of history. The Biblical quotation "No man can serve two masters," applies here with positive force. Whom are the druggists serving today? Are they seeking the welfare of the doctors, or, rather are they catering to the wish of the nostrum producers?

This subject can not be considered, without a discussion of the question of dispensing by doctors.

Doctors are suffering considerably, because so many druggists use improper means of advertising. The discrimination of wholesale druggists and manufacturing chemists against doctors must also be considered. Drunkenness is the great curse of the American people, and it must be acknowledged, that the retail druggist has been the most effectual means of defeating the proper enforcement of the prohibitory laws, in states where such laws exist, by the use and abuse of druggist's permits. I think it best to consider the pros, and cons. of this subject together so that the contrast may be more marked.

Let us throw aside all malice, all prejudice, and consider this subject, only from the most altruistic motives. We desire to be entirely fair to the druggists, but we also want the doctors to be fairly treated. How often we are brought face to face with the quotation "No man can serve two masters," When you enter the average drug store your impression is that it is a patent medicine and secret nostrum store, judging from the displays. In how many stores is there even one half of the room occupied as an apothecary shop? And in most cases not one third of the available space is given to the display of drugs and ethical pharmaceutical preparations. Do you wonder then why I ask the question "Whom are the druggists serving to-day?" You are not surprised to learn, indeed you know, that the druggist is catering to the wish of the secret nostrum producers. Whom is the average druggist serving to-day? It certainly is not the physician, for if he did he would not wrap the doctors prescription in some secret nostrum advertising papers, the red and gilt letters of which stare the pa-



tient in the face and soon make him sorry that he has consulted his family physician at all, for here at his own druggist he may obtain a remedy which will cure him, when all doctors have failed. Is it any wonder that the poor gullible sufferer is influenced by such positive statements, and instead of returning to his family physician he returns to the druggist and purchases a bottle of Warners Safe Cure, or some other nostrum? We as physicians must protest against such dealings. We must insist that before ideal relations can obtain that the retail and wholesale druggists must have nothing to do with any secret nostrum, that they must not handle any preparation the exact constituents of which are not printed on the label; that they must do the work of a pharmaceutical chemist, that is see that the drugs which they offer are of the highest purity and of the U. S. P. strength.

This brings us to the question of dispensing by physicians. Let it be granted without argument, that all physicians have a right to dispense, under all circumstances, provided, they can in that way do the best for the patients, financially, and pharmaceutically. It must also be acknowledged that most physicians would prefer to prescribe were they assured of proper protection by druggists in not refilling, and were they absolutely sure that their prescriptions would be filled by therapeutically active drugs. Judging from the reports made at K. U. by the department of chemistry, of drugs collected at random, and sent there for analysis we sometimes do not feel like prescribing. We are all aware how often druggists have tried to have laws passed to prevent doctors dispensing. What was their motive? Was it anything but selfishness? For certainly when one is capable of dispensing in emergencies he is capable of dispensing when no crisis exists, especially in the days of single remedy medication. Let the druggists then condemn their efforts in having laws passed to prevent physicians dispensing, but rather let them use their energies in seeing that the drugs on their shelves conform to the official strength and purity of the latest edition of U. S. P. Let them refuse to refill prescriptions and they will soon realize, that the doctor's whole hearted support will much more than repay them for the financial loss they might incur if they persisted in counter-prescribing and selling secret and harmful nostrums. On the physician rests the responsibility of the results of the treatment, and that being so it is absolutely essential that the druggist, as well as the nurse be under his immediate control, to assist all he possible can and not hinder as is so often the case. Let us remember that all must be done for the good of the sufferer.

Improper methods of advertising are a prolific source of discord between the professions. It is difficult for me to understand how an educated pharmaceutical chemist can lend his name, and permit such a display in his show window as, "Dr. Caldwell's Syrup Pepsin-cured, after all prominent physicians had given up the case as incurable by simply taking a part of the second bottle, or of telling our good prohibition brother, who would not take a drink of whiskey for his life that his many ailments could be cured by the great tonic Peruna, or that all the ills to which flesh is heir are amenable to the marvelous Liquozone. My druggist friend, you know better and I think it a disgrace to lend your influence in perpetrating these frauds on an ignorant and gullible public. These secret nostrums can be purchased in most any country grocery or hardware store, and the clerks who know nothing of the danger of handling such remedies are more fit subjects than you to help betray the public. Come out from among them. Join the medical profession in educating the people of the dangers of self medication, and then the public which now gains its medical knowledge from "Pierces Common Sense Medical Advisor," will soon learn that it is dangerous to drug ones self. Physicians are doing their part now, come be one of us. Help us educate the public and together we shall strike a killing blow to the great American fraud the secret nostrum combine. If you desire to increase a mutual respect, which we desire, place, a sign in your display windows, with a motto something like this "no secret nostrums handled here." We know them to be valueless or harmful. If you are ill, go to your family physician consult him, let him prescribe, who alone is able to do so properly, then come here and have his prescriptions filled, with absolutely pure drugs." If you do this there are but few of the medical profession who will not lend you all possible support.

There are times when a physician must dispense, and he can not afford to be discriminated against by the manufacturing chemist. If the ideal relation shall obtain between doctor and druggist, let the local apothecary sell to his physician at 40% discount instead of 25, or let the retail druggists petition the manufacturing firms to sell to doctors at the same discount they sell to druggists. Doctors dispense drugs as well as pharmacists, and the doctor's dollar should buy as much in the open market as the druggists. Both of them should have the same trade discount. I do not like this idea of discrimination, and if manufacturing firms will not sell direct to doctors let the physicians who must dispense band together and buy their drugs where they will not be discriminated against. We do not desire to band together however, and we trust

the retail druggist will take notice as well as the manufacturer, that no caustic action may be necessary on the part of physicians who must dispense.

Thanks to our Kansas Legislature. The druggist permit is no longer a curse to our people. When we realize the woe, the distress, and dishonor caused by the alcoholic habit we feel glad indeed, that no longer may our mutual ties be severed by druggist trying to undo what conscientious doctors have tried to establish, by selling liquor to people as a beverage. Let the druggist assist us in waging war against the curse of intoxicating beverages.

May we not hope that by more discussion of this subject with our druggist friends, we may be brought closer and closer together, that the dissolving bonds may be strengthened and that one profession may be necessary for the welfare and progress of the other. Let both doctors and druggists have the welfare of the people at heart. Let them educate them along medical and pharmaceutical lines, show them the evils of self drugging teach them the dishonor that may follow the use of intoxicating drinks, let the doctor devote most of his time studying the action of drugs, and the pharmacist use all of his time in preparing drugs, and by so doing we shall tie the bonds of mutuality closer and firmer, and in the near future the Ideal Relation of Doctor and Druggist shall obtain.

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### THE EXPLORATORY INCISION, AS AN AID TO DIAGNOSIS.

DR. R.A. STEWART and DR. J. W. YOUNG, Hutchinson, Kansas.

Read Before the Reno County Medical Society, April 23, 1909.

It has only been a comparatively short time that we could safely suggest so radical a procedure as exploration as the final step in diagnosis; and, at the same time, eliminate the stage of uncertainty and hesitancy as to when we should operate. For the purposes of this paper, we shall confine ourselves to a discussion of the value of exploration, in the more obscure and ill defined abdominal conditions. In advocating incision, we would by no means attempt to minimize the value of physical examination and that always supplemented by thorough laboratory tests; but simply to protest against unnecessary delay awaiting a typical picture, when so safe a procedure as exploration will enable one to complete his diagnosis and institute the necessary means for relief.

It is with firm conviction, that, could we know the actual organic changes that have taken place in our abdominal patients, we would cease to advise tardiness in operation; and for this special

ing. They do this, not so much in the hope of superior advantages as in the pursuit of educational, and later professional prestige. The idea is that it will bring quicker preferment in practice to have the name of being an alumnus from a celebrated school. The desire is not so much to surpass in intellect or mastery of their art; when they return, as to have behind them and upon them the prestige of a name. Thus it comes about that our profession abounds in men who put on airs, who affect a learning and culture which ill becomes them, and who assume an artificial superiority of attainment that is nothing more than a sham.

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**The Fad For The Foreign.** Just now the fad in medical education is for the foreign, especially for the German. It is allowable, in a pinch, to accept a lineage from Johns Hopkins or Harvard or Columbia, for thus the European light has been received, even though by indirect reflection, but after all the preferment is to be given to the foreign article, the one "made in Germany." There is no higher authority by which to refute anything that has been promulgated by a German savant. If you learned it in Germany, it is so. If there were any real grounds for this preferment of the remote and foreign in our educational system, it might be encouraged, or at least endured. If there were any real superiority inherent in the Latin or Teutonic mind, it might be conceded, though the admission were humiliating and painful. But as a matter of fact we deny them in every other department of mental or physical activity any such superiority. In matters of government we pride ourselves on being several centuries in advance of any European country from which our learned men come. In their meek and submissive tolerance of a depraved nobility and in their worship of a degenerate line of royalty, these countries where knowledge, culture and learning are said to have their seat are perfect types of imbecility. In inventive genius, in mechanical industries, in the enlightenment of the masses of our people, we have any nation of the old world "beaten to a frazzle." And yet forsooth we must send our men there to be educated, and must import from there our teachers in medicine and letters. Or, if not directly from there, yet at least by one remove, for of course our eastern American schools must get their light from across the water.

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**The Truth Of The Matter.** The truth of the matter is that this is done because of the so-called prestige that a residence and study in foreign schools are supposed to bring. Prestige is that standing one gets among his fellows or associates



by doing something that they have not done or cannot do. And if the "hoy polloy" have not been to Germany, the fellow who has been there has "one on them." No matter if he doesn't know any more, or as much, he has studied abroad, and has basked in the blessed rays of true culture. Very commonly these fellows who study abroad know nothing about a foreign language before, during or after their course abroad. This is notoriously true of a large proportion of the American students in the German Universities. The thrifty German docents are shrewdly equal to this emergency, however, and lecture to our compatriots in English. Another class of students go abroad, ostensibly to get some of the **real** knowledge, but limit their intellectual activities to a study of Baedeker, while they gallivant from one point of interest to another, doing, and being done, by Europe. Yet this latter class return with quite as much prestige if not quite as much knowledge, as do the others who have taken the trip more seriously.

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We do not mean to disparage the ability of the **When to Go** European medical savants. Nor do we belittle a **Abroad to** pilgrimage to these foreign meccas by those who **Study.** wish to supplement an education already well rounded, by a comparative study of some or many of its phases as influenced by foreign environment. We would not depreciate any of the good qualities for which the foreign schools are noted. But we deplore that any of their attributes or achievements should divert our students from the superb resources at their very door. And we deride the ridiculous farce played by so many, year by year, who know little enough about medicine, and still less about things preliminary to medicine, when they tell us they are going to Europe to perfect themselves under the great masters, or that they have already obtained their very superior brand of knowledge from such a source.

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The prestige thus derived from a real or pretended **The Fruit** study abroad is the 33rd degree in the medical caste **Of The** or "holier than thou" system, found throughout this **Tree.** country. It puts its odor on the literature and manners of those who have attained it. The foreign therapeutic agnosticism; the foreign magnification of bibliography, precedence and citation; the foreign disindividualizing of the patient; these all characterize our denaturized American medical men. They belittle the clinical experience of those who do not employ their methods, and look with supercilious doubt on a diagnosis that

does not spring full panoplied from a laboratory finding. And they do these things, not so much because they believe in them, as because they smack of the European, and therefore seem smart and up-to-the-minute. We despise those who seek prestige by employing newspaper self-exploitation; by sensational record-breaking runs to save life in their 6-cylinder automobiles; by their reprints of *tours-de-force*, surgical, widely circulated. Yet these methods are less censurable, because more transparent, than are those which are employed under the sanction of so-called advanced medical education.

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In conclusion then, let us be more appreciative of our own native educational resources, just as we are proud and boastful of the other unequalled resources of our state and nation. Let us discourage the tendency to cheapen our own institutions in the eyes of the young by the very ones who ought to champion their excellence. And, finally, let us take stock of our own medical pottery, and price the articles at what they are really worth, and not on the basis of where they are from. Let us neither undervalue nor overvalue them because they were moulded or fired abroad, and if they are good ware, and ring true and are decently embellished, let us be proud of them, even though they be of native clay and workmanship, and perhaps put them sometimes in conspicuous places, alongside of the ware of Vienna and Budapesth. O. P. D.

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## NEWS NOTES

Dr. J. C. McClintock and family are touring in Europe this summer.

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Dr. Robert Smith has been appointed coroner of Decatur County.

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Dr. C. M. Hensley was recently married to Miss Alice Fuller of Topeka.

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Dr. J. E. Minney is the latest Topeka physician to purchase an automobile.

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The Faculty of Kansas Medical College has set aside an hour in the week's schedule when all the students may meet together for devotional exercises.

Dr. Herbert Randles, of White City, spent his vacation in Kansas City, Kansas.

Dr. David Mumford, K. M. C. 1909, has been appointed to the Medical Missionary field in China.

Dr. R. S. Magee, of Topeka, spent his vacation in New York and other places of interest in the east.

Dr. Chas. H. Mayo was elected Chairman of the Section in Surgery of the A. M. A., at the last meeting.

Dr. J. B. Tower, Secretary of the Kansas Medical College, has moved his office from 605 to 727 Kansas Avenue.

Dr. J. F. Binnie, of Kansas City, Mo., was married June 15th, to Miss Ellen S. Mosher of Charleston, West Virginia.

Dr. H. M. Connors, Kansas Medical College 1909, has been appointed an interne at Stormont Hospital for one year.

Dr. A. J. Weaver of Concordia, Kansas has erected a private hospital and equipped it with a modern operating room and appliances.

The Shawnee County Medical Society which has been holding very successful weekly meetings for post-graduate study, has adjourned to Sept. 5.

The trustees of Bethany Hospital have selected a site for the new building near Twelfth street and Central avenue, Kansas City, on which they expect to erect a hospital to cost \$150,000, \$35,000 of which has already been secured.

**Medical License to Marry.**—The new Washington state law providing that applicants for marriage license must undergo medical examination, except where the woman is forty-five years old, went into effect, June 10.

The Kansas Medical College will open Sept. 14, the length of the school term has been increased to thirty-six weeks. Commencing Jan. 1, 1910, one year of College work will be required for entrance. There is every prospect of a large attendance this year.

Dr. Anna K. Masterson, and family spent their vacation fishing at Noel, Mo.

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Dr. Hugh Wilkinson and family, of Kansas City, Kansas, spent their vacation in the Ozarks.

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The Kansas Medical College will have an alumni Clinic week, Sept. 7 to 14, the week preceding the opening of school.

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Drs. P. D. Hughes, C. M. Stemen, A. J. Lind and W. F. Fairbanks all of Kansas City, Kansas have recently purchased autos.

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Dr. Geo. M. Gray, of Kansas City, Kansas, spent part of July and August in Minnesota, among the lakes. He has not given out the result of his catch.

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At the meeting of the State Board of Health, in Topeka, June 2, Dr. Charles H. Lerrigo, Topeka, was re-elected president; and Dr. Samuel J. Crumbine, secretary.

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The newly established Dental School will occupy a part of the Kansas Medical College building. The Free Dispensary is to have the entire first floor of the building.

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At a meeting of the State Board of Medical Examiners, held in Kansas City, June 12, Dr. Henry A. Dykes, Lebanon, was elected president, and Dr. Franklin P. Hatfield, Olathe, secretary

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Mr. Merrill K. Lindsay, son of Dr. W. S. Lindsay, who is attending Medical College in New York City, was married June 29 to Miss Metta Robinson, daughter of Mr. A. A. Robinson of Topeka.

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Major Henry Smith an English army surgeon in India does 3,000 cataract operations a year. He has done a total of 20,000 operations removing the cataract in its capsule during the past ten years.

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The American Medical Association has appropriated the sum of \$5,000 for the purpose of creating a suitable memorial to Dr. N. S. Davis, the founder of the Association, provided that within three years an additional amount of \$20,000 be collected for this purpose, and provided also that the form of the memorial be approved by the House of Delegates of the Association.



The membership of the American Medical Association was 33,935 on May 1, 1909, making a net gain for the year of 2,592. This is an increase in the past ten years of 25,938 members, or an average growth of approximately 2,600 per year.

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**The International Congress on Alcoholism** will open in London, at the Imperial Institute, on July 19th. The Duke of Connaught will preside. Among those who will represent the United States congress are Dr. T. D. Crothers, of Hartford, Conn., and Surgeon F. L. Pleadwell, United States Navy.

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**Sanitation and Hygiene Taught.**—Dr. Samuel C. Emley, Lawrence, has been granted a leave of absence for two years by the University of Kansas, and will undertake a propaganda for sanitation and hygiene throughout the state, lecturing and showing a exhibit at all towns which make application.

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**Asylum Superintendent Removed.**—it is announced tht Dr. William F. Kuhn, superintendent of State Hospital No. 2, St. Joseph, Mo., was summarily removed from his position on the board of managers, July 1, and that Dr. Frederick A. Patterson has been appointed acting superintendent to fill the temporary vacancy.

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The daily papers of Indianapolis have given considerable space to the second annual convention of the Indiana Association of Suggestive Therapeutics. The president of this body is given as Dr. J. W. Beechey, Indianapolis. This society includes the Christian Scientists and the believers in drugless healing. The president, however, could not be present, on account of the death of his wife.—Indiana State Medical Journal.

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Dr. C. B. Stemen of Kansas City, Kansas, has just recovered from a serious illness which necessitated an operation. Dr. Stemen was for a great many years the dean of the Fort Wayne College of Medicine and chief surgeon to the Pittsburg Fort Wayne & Chicago Railroad, (Pennsylvania Lines). He is emeritus professor of surgery in the Indiana University School of Medicine and adjunct professor of Surgery, Kansas University.

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The body of Dr. A. W. Scarlett, who was drowned in a lake near Eads, Colo., on January 3, 1909, came to the surface of the lake about June 8th. The remains were cremated and the ashes

buried in Roselawn cemetery on June 11, 1909—Denver medical Time.

Dr. Scarlett graduated from the College of Physicians and Surgeons, Kansas City, Kansas, in 1899.

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The St. Francis Hospital, Topeka, is almost finished ready for occupancy. It will have more than fifty beds, and will be provided with the best and most modern equipment.

It occupies a beautiful site on West Sixth Boulevard, overlooking Willow Park, and is under the management of the Sisters of charity.

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Dr. William Osler says, "Whether tuberculosis will be finally eradicated is ever an open question. It is a foe that is very deeply intrenched in the human race. Very hard it will be to eradicate completely, but when we think of what has been done in one generation, how the mortality in many places has been reduced more than 50 %—indeed, in some places 100 %—it is a battle of hope, and so long as we are fighting with hope, the victory is in sight."

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The Annals of Surgery for July was issued in book form. It contains 366 pages, twenty-six articles by some of the "big men" of the profession, amongst whom may be mentioned W. J. Mayo, J. D. Bryant, Willy Meyer, A. J. Ochsner, C. H. Mayo, W. Arbuthnott Lane, (London, England.) Albert Vander Veer and Kenneth A. J. McKenzie. The articles were all read before the American Surgical Association at Philadelphia, June 3, 1909. Many of the articles are beautifully illustrated. It is a volume well worth reading.

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**Fourth of July Casualties.**—According to the statistics collected by the newspapers of Chicago, 61 deaths and 3,246 persons wounded are the net results of the celebration of July 4, 1909. We doubt the tetanus figures given, 320 deaths up to the night of July 6th, as the incubation period of tetanus is about ten days. It is not likely that enough persons were using fireworks on June 24th to produce 320 fatal cases of tetanus by July 6th. Philadelphia's contributions to the accidents were 4 killed, 766 injured, and 80 fires.—N. Y. Medical Journal.

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**The Deaths from Smallpox of Two More Antivaccinationists** have just become known, though the occurrences are now some years old. The Reverend Mr. ———— was the chaplain

of the First Tennessee Volunteers, and when he went to the Philippines, in November, 1898, he positively refused to be vaccinated, because his theological mind could not believe in it. Two months later he died of smallpox in Iloilo. A lieutenant of the Twenty-eighth United States Infantry likewise thought he knew more than the military surgeons and he was a rabid antivaccinationist as well. He, too, went to the Philippines in 1903 or thereabouts, positively refused to be vaccinated and disobeyed the order requiring it before landing. He served with his regiment a few weeks in Cavite, developed smallpox en route to Mindanao and died a few days later.—American Medicine.

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Dr. Bret Davis, house physician to Bethany Hospital, Kansas City, Kansas has just recovered from a gun shot wound in the groin inflicted by an excited policeman during a "mellee" with a crazed negro July 4th. The negro had been shot in the abdomen and was brought to the hospital for treatment. When lying upon the table in the operating room he took a violent dislike to the policeman and started after him. Dr. Davis grabbed the negro from behind and the policeman after using his club to no purpose drew his revolver, killed the negro and accidentally shot Dr. Davis.

The negro during the struggle took the policeman's revolver which he had in his grasp when he expired.

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During our rambles in Philadelphia we took a sight-seeing automobile ride, and on approaching a large building the megaphone man said: "Ladies and gentlemen, on your left you see the German Hospital, in which Dr. John B. Deaver has performed over 300 operations for appendicitis successfully. One of our colleagues had a similar experience the previous day. We wondered "how much it cost?" Or whether the local patriotism of the megaphone man accounted for the advertisement. If one of our ethical Eastern confreres should meet a similar experience in the West he would lament our benighted condition of savoir faire.—Medical Herald.

The editor of this Journal had a similar experience, although if our memory serves us right it was 1,000 operations.—Ed.

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**Kansas Prison Is Healthy, The Amount of Phthisis Not so Great as Was Feared.**—Leavenworth, Kans., July 24.—The examination of the 812 prisoners of the Kansas penitentiary to determine who were afflicted with tuberculosis was completed today. Dr. S. L. Axford, the prison physician, kept a close record of the

and watch closely for a week or 10 days. Then if suspicious symptoms arise and continue the dog may be killed and our laboratory methods may be able to find the pathognomonic microscopical evidences. Should the dog show no marked symptoms of the disease within the 10 days the person need fear nothing and the dog need not be destroyed.

How to diagnose a case of rabies in a dog is not a difficult matter. The important symptoms as found in a dog, any one of which when well marked should render the dog suspicious and lead to its being tied up for study and observation are as follows:

- 1st. **Change in disposition** manifested by distress or uneasiness and restlessness. The animal is always easily excited. At this stage he does not exhibit a disposition to bite. He will still obey his master, seeking rather to hide than to remain in full view. In the course of a day or two this nervous condition increases, the animal becomes irritable, will still obey his master but may snap if approached or surprised.
- 2nd. **Alteration of Voice.** This is a most typical symptom. Not a clear sharp natural bark but that of a dog tired and lost, the latter part of the bark lengthened and ending in a pitiful cry. This is followed by many short barks in which the jaws do not close completely as in normal barking.
- 3rd. **Inability to Swallow.** The appetite now diminished, swallowing becomes more difficult and painful. He appears as though a stick was lodged in his throat. There is no fear of water and he will drink water until the paralysis of the constrictor muscles of the pharynx makes the swallowing impossible.
- 4th. **Leaving home** and returning in an exhausted and emaciated condition.
- 5th. **Paralysis of the jaws.**
- 6th. **Swallowing** abnormal substances as wood, stones, grass dirt, etc.

In the gross postmortem findings there is not much to be seen except what may be found with respect to the stomach. There is frequently a congestion of the mucous membrane with often a hemorrhagic inflammation. Absence of food and finding of foreign bodies as sticks, stones, dirt, etc., are strongly suspicious indications of rabies. This sign may be absent and yet the animal might have been rabid. Often a redness of the throat and a meningeal congestion are found.



While there is nothing pathognomonic macroscopically yet microscopically we have sufficient findings to guide us. There being so much time, two weeks, required to make the inoculation test, that this becomes of no practical service in determining the necessity of the preventative treatment. The treatment usually being completed before a diagnosis can be made. However we have at our command two microscopical methods by which to make a rapid diagnosis.

In 1900 Von Gehuchten and Nelis published the results of their work on the microscopic changes in this disease which gave to the world a valuable addition to the methods of rapid diagnosis. These men found constant and well marked lesions in the intervertebral and pneumogastric ganglia. The lesion being, atrophy, invasion and destruction of the nerve cells by new formed cells due to the proliferation of the cells of the endothelial capsule. As a result the space between capsules and nerve cell is filled up by these round cells. This pathologic picture is striking in the animals that have died of rabies but is not so clear, not constant in those that have been killed before the disease had run its full course.

In the dog, the plexiform ganglion of the pneumogastric nerve is easily dissected out. After turning back the scalp of the suspected animal, the cranial cavity is opened by cutting with a saw through the skull and brain at right angles to the cranio-vertebral axis in a line about mid-way between the external auditory meatus and the orbits and press apart the divided portions. The brain is then removed for preservation, the medulla is excised for purposes of smears or inoculation and the encephalon removed, the dissection of the gasserian ganglion can easily be made.

Pieces of the ganglion are fixed in Carnoy's fluid and in absolute alcohol and with dehydration completed they are placed in paraffin and sections cut for the microscopical examination. The ordinary hematoxylin-eosin stain is used.

This test just described is however fairly reliable when found but not so much as that of the Negri bodies. It is essential for the best results in this Von Gehuchten and Nelis reaction to allow the animal to die naturally of the disease or destroyed only after symptoms are well advanced. When the animal is destroyed in the early stages, the changes in the nerve cells have not developed sufficiently to be recognized. However the Negri test is constant in the early stages of the disease.

In 1903, Negri, of the University of Pavia, Italy announced the findings of certain bodies, cell inclusions, now universally known as Negri bodies, in the large nerve cells and brain tissue. These

bodies vary in size from 1 to 1.5 microns to 10-15 microns in diameter. Those not round are often 22-23 microns long. It is these bodies that are now thought by authorities to be the cause of the disease, a protozoa.

There are several methods of staining, all have their followers but to us as busy practitioners what is our best procedure.

First watch the dog, if possible, for the symptoms of the disease. Keep the dog securely tied.

Second, When symptoms are positive or strongly suspicious, the dog may be killed and the pathognomonic microscopical lesions sought for. Same procedure if a suspicious dog has already been killed.

Third, Skull may be opened as I previously described and the hippocampus major and a small piece of the medulla are removed. Put the piece of medulla in neutral glycerine and lay aside to use if necessary. Take a piece of the hippocampus major and prepare by acetone and paraffin. by which method sections are made. Stain according to the eosin and methylene blue method, namely; Apply saturated solution alcoholic eosin fifteen minutes, follow by Loeffler's methylene blue. Decolorize by 70% alcohol. The nerve cell stains blue, negri bodies yellowish pink with dark blue granules.

Another admirable method is to take a fresh cross section piece of hippocampus major and place in Zenker's fluid three to five hours. Smear on slide and stain with 1% aqueous eosin, three minutes, wash with alcohol, methylene blue sat. sol. ten minutes. This last is the one I prefer and is most easy and practicable for the "busy doctor". I have often made a positive diagnosis by examining smears made from the hippocampus major left in Zenker's fluid three hours without any stain. This can be done after one becomes accustomed to seeing the Negri bodies, but must be at the end of the 3rd hour or you will fail to see them as the fluid disguises them when they remain longer. This method is not useful as a permanent testimony of the case.

If I find the Negri bodies without staining I go no further but if I do not find them then I stain by last method named. Should I miss them then or get a negative result, then I examine the ganglia.

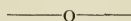
**Method for Preparation of the Ganglia.** Leave the ganglia in 95% alcohol over night, transfer to absolute alcohol in morning for one hour, then place in warm cedar oil in paraffin oven for one hour. This clears the nerves fibers, rapidly leaving opaque ganglia clearly outlined. One of the ganglia is then trimmed with

knife so that any extra material is cut away. Place in oil one half hour longer, transfer to paraffin one to two hours, embed section, stain with hematoxylin and eosin.

**Preventative Treatment.** The rule should be to give prompt attention to the bite of any suspicious animal, cauterize as soon as possible and in the meantime do everything to get the virus out of the wound and prevent its absorption. Encourage bleeding, open wound freely. A ligature may be placed above the site of injury if on a limb. Useful as a cautery, are carbolic acid 95 %, lunar caustic, actual cautery and especially fuming nitric acid using it without reserve. The use of cautery should never be omitted, it retards the development of the disease and lends more certainty to the Pasteur treatment.

**Method of Pasteur Treatment.** The principle on which the preventative inoculation treatment is based on the production of an active immunity by means of repeated injections with an emulsion of spinal cords of rabbits dead from inoculation with fixed virus, these cords having passed different degrees of attenuation by drying. The rabic virus contained in the spinal cords becomes attenuated fairly, evenly and regularly by drying when protected from putrefaction, becoming harmless at the end of 14 to 15 days.

The rabbits are inoculated with fixed virus, die in from 6 to 7 days. The spinal cords are removed at death with strict aseptic precautions, suspended in large bottles containing a layer of caustic potash. These bottles are open at both ends which openings are plugged with cotton to allow the free passage of air. These are placed in a dark room with a temperature of 23 C. Fourteen days of such drying renders the cord harmless and from such a cord a portion two or three m.m. in length is cut, emulsified in normal salt solution and injected subcutaneously constituting first inoculation. Thus a full series of cords 14 days to one day old is at hand and are used for subsequent injections until finally an emulsion of a cord dried only one to three days which contains all its virulence is injected. According to urgency of the case, the period of treatment is 15 to 21 days. The "simple" with 15 days treatment where bites are slight; the "ordinary" treatment covering 18 days for extensive bites; and the "intensive" with 21 days treatment when a short period of inoculation is expected.



**To Remove Silver Nitrate Stains.**—Paint with tincture of iodine and afterwards remove the iodine stain by washing with sodium thiosulphate.—Dr. J. M. Edwards in Critic and Guide.

# THE JOURNAL OF THE Kansas Medical Society.

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JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1905, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

Those who have not paid their dues for 1909 will not receive the Journal until they are paid.

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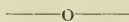
The last word has about been said in regard to the ophtalmotuberculin re-action. Nearly everyone writing upon the subject have had bad results in the way of corneal ulceration, severe and persistent conjunctivitis, etc., to relate. In the light of these facts it is about time that the test is relegated to the "has been" or "never was" class.

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The question as to whether the use of benzoate of soda in food stuffs should be fought by the A. M. A., was referred to the committee on medical legislation. They unanimously took the stand that even though benzoate of soda was not harmful to the human body when ingested with food stuffs we should use all our means to prevent it use for the reason that it allowed the manufacturers to use an inferior grade of fruit or vegetables. Some of the stories told the committee how some canning factories made catsup, etc., were simply awful. One large manufacturing concern (Heinz) has already demonstrated that benzoate of soda is not a necessity as they do not use it in canning their products. The



committee did not take up the question as to the harmful effects of benzoate of soda.



### **“WHAT’S THE MATTER WITH KANSAS”?**

“What’s the matter with Kansas”? is a question that was frequently propounded in an insinuating manner while she was making her great struggle in the fulfillment of that prophetic inscription on the Seal of State. Since like a genius she has gone forth and surmounted the seemingly insurmountable, accumulated wealth beyond the dream of the most visionary, acquired an educational system that is unsurpassed by any state, and made phenomenal advancements along every other line that goes to make a commonwealth great, the censorious scoffer has mildly answered, “She is all right.”

But what of things medical? Is medical organization in our state keeping pace with the pride and progress along other avenues? A comparison of the reports of the Kansas Medical Society to the American Medical Association in 1906 and 1909 will answer the question. In 1906 when the triennial reapportionment of delegates to the American Medical Association was made, Kansas reported 1202 members in good standing which, on a basis of one delegate for every 600 members and fraction thereof, gave 3 delegates. At the 1909 meeting Kansas reported 995 members in good standing. On account of the increase of membership in that body, not however from Kansas, and the Constitution providing for a maximum membership of 150 in the House of Delegates, the Committee on Triennial Reapportionment found it necessary to increase the basis of representation to 650. This left Kansas with more than 300 members short of the required number to retain her former representation in the House of Delegates and as a result will be entitled to only 2 delegates for the next three years. Kansas was one of only three states that lost a representative while all the other states either made a gain or retained their former representation.

Only a year ago it was estimated that about 50 % of the physicians of the states belonged to the State Society while now the estimate is less than 43 %. Is it any wonder that the members of our profession in other states are now renewing the interrogation with a rather concealed innuendo, “What’s the matter with Kansas.”

If such reports as the foregoing were general we might view with alarm the prospects for maintaining a successful medical organization but such alarm need not spread beyond the confines of our own state. Medical organization has come to stay and whether or not Kansas reaps the full measure of benefits that lie within

the exercise of her own efforts depends upon the energy of the medical profession. The officers of the State Medical Society can accomplish but little without the full co-operation of county societies. Secretaries of the county societies should be men who have both the time and the inclination to do the work. The success of the country society depends largely upon the efficient work of its secretary.

Since the Councilor districts have been made smaller and more accessible let it be the effort of every Councilor to bring in a complete report of the work done in his district at the next annual meeting, as provided for in Sec. 2, Chapter 8 of the By-laws. Our State Society has never had more efficient officers, men who are willing and experienced workers, than at the present time. If the county societies that have been dormant so long will join hands with the state officers in an effort to build up the membership the report at the next annual meeting will show a transformation of the retrograde movement to one of such activity and progress as has never witnessed before in the State Society.

J. E. S.

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### THE MAN AND THE SCHOOL.

The season is near when our young men start away  
**Going Away** to school, many of them for their first year. They  
**To School.** have already made their choice of an institution,  
 guided more or less by partisan friends, by limitation  
 of their pecuniary resources, or by sentiment. Some are constrained  
 to take up their sojourn at a western school, near at home, partly,  
 it may be, from lack of means for a far journey. But a larger number  
 travel far toward the rising sun in their quest.

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**The East-** Why do our young men go east to get their educa-  
**going In-** tion—general or professional? Is it because they can  
**stinct.** do better there? If so, this prevalent habit is to be  
 encouraged, at least until we become able to incorporate  
 in our institutions whatever superior features there  
 are that are attracting the students away. It would be difficult to  
 find any other reason for this persistent east-going instinct than  
 that it is a relic of the days when it was really necessary to go back  
 to the sources of civilization for the luxuries of art and culture.  
 Pioneer life in the west was then bare of all but the most urgent  
 necessities, and it was only the sons of the most prosperous and  
 wealthy who were able to make the journey in quest of a liberal  
 education.

Thus there arose a sort of intellectual aristocracy. **Intellectual High Caste** Those who got their education in the east constituted the "high caste" of this system, and those who had to put up with the cruder facilities found at home were looked upon as social and intellectual inferiors. These lines may not always have been distinctly or consciously drawn, yet they existed and were more or less felt. As time has passed the frontier has moved further west and has disappeared. The crudities that once existed in our educational institutions have been removed. And yet there persists the old time tendency to migrate toward the older seats of civilization in pursuit of knowledge. Yet this expression is inaccurate, for knowledge does not have a fixed residence in the original seats of learning. On the contrary knowledge, like religion, can be found anywhere. The temples of learning at our very doors are equal in all important respects to those found in the oldest parts of the country. And yet our young men pass them by, and journey afar, to New England, and even to Europe, in pursuit, forsooth, of knowledge, the fugitive.

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It is not knowledge of which they are in pursuit. **Their Real Object.** is that other less honorable and less laudable asset which was sought by their ancestors in the same way when the country was new, by the possession of which they might be enabled to stand out above and lord it over their fellows who had it not. Of course they would not acknowledge this as their reason. Indeed they would indignantly repudiate it as such. They would not like to appear so selfish. Yet on close analysis it must stand as the real object. Unless something better in education can be there obtained than is to be had nearer home, what other than the above reason can be given for going east for it? If it is only "the name of the thing" that governs in the choice of schools in favor of the more noted and remote, why deny that the motive is a selfish ambition for educational prestige?

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What has just been said in regard to the tendency **Prestige Versus Merit.** in general education will hold true of that in medical education as well. The day has been somewhat tardy in arriving when it might be said that the west can make doctors of medicine as well as the east, but we are proud to maintain that that day has arrived. Numerous schools in the great west now have the equipment and the teachers necessary to first-class medical instruction. And yet students continue to go east in great numbers for even the rudiments of their train-

purpose, we wish to plead incision for examination.

Through exploration and actual inspection of the intra-abdominal lesions, we have often felt chagrined to think that we had temporized, treated and delayed useful interference; when it was so painfully evident that our treatment had been absolutely valueless so far as a curé could be expected and at best had only afforded some slight relief.

It is now a generally accepted fact among the profession that nearly all the usual abdominal conditions are surgical and with few exceptions, we are willing to admit that they are surgical from the beginning.

How often have we seen the non-offending uterus scraped and cauterized when the real offenders are the tubes and ovaries, and our only result is, possibly, to stir up a little pelvic inflammation. And through hopes for relief, still further delay the removal of the cause of our trouble; thereby adding to nervous instability and materially prolonging convalescence when operation has finally been resorted to.

How often do we see those apparently suffering from obstruction of the gall ducts, with vague and indefinite digestive disturbances, taking their phosphates, their salts and their sweet oil till the offending stone has become securely lodged; and either, through long continued irritation has produced malignant changes or through actual pain, has compelled us and the patient to seek the cause of his suffering, by the simple expedient, of looking for it. Having found the cause, we are compelled to admit, that, had we searched earlier, we could have more safely and certainly obtained relief; and that, perhaps, without the years of pain and loss of valuable time.

Perhaps in no class of abdominal diseases are honest differences of opinion more liable to occur, among members of the profession, than in those affecting the appendix. We can all recall the familiar picture of periodic attacks of what we called indigestion or biliousness, together with temporary constipation and diffuse abdominal pain. Exploration will usually reveal the cause imbedded in a mass of adhesions or, if free, clubbed and thickened, a sure harbinger of future danger. If early exploration thus clearly reveals the danger, we can only urge our patients to submit to prompt operation. And we seriously question the advice sometimes given to wait and see, if they cannot present themselves for operation when the chances are more decidedly against them.

While in the main extra-abdominal, yet so frequently reached by that route, we will consider lesions of the kidney as clearly with-



in the scope of this paper; and in our opinion, exploration for examination here finds its maximum usefulness, since we are able to make our diagnosis by this means; and are by the same means, enabled to confirm or negative disease in the fellow organ, before any radical operation should be undertaken.

In addition to the more chronic conditions above named, we find incision for examination, if promptly made, of the most positive value in those alarming states; such as accompany gangrene and perforation of the appendix or gall bladder, perforating ulcer of the stomach, internal strangulation of the bowels, hemorrhage from trauma or tubal ruptures. It is here, that the most positive conviction of our duty to our patient is needed in order to impress upon him the necessity for prompt exploration, and, at the same time, combat the suddenly aroused fears of the immediate friends, who nearly always succeed in inducing us to give a hypodermic and wait until our chances for offering relief have either entirely disappeared or have been reduced to an exceedingly doubtful quantity. In advocating incision for examination, we should always contemplate actual operation if indicated; as it would certainly seem reprehensible to subject our patient again to the unpleasant features of anæsthesia. That the two procedures seem inseparable is apparent, by virtue of the fact that the incision enables us to complete our diagnosis and the reasons for immediate operation suggest themselves.

In conclusion, we plead that exploration for examination is safe, is certain, and if timely, will enable us to save our patients, and at the same time save ourselves, from the mortifying conviction, when confronted by the results of tardy operation or no operation.

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## WHAT THE DOUGLAS COUNTY MEDICAL SOCIETY MEANS TO ME.

S. T. GILLESPIE, M. D., Lawrence, Kansas.

Read Before the Douglas County Medical Society, June 8, 1909.

Although the subject of this paper was suggested to me by a discussion which arose at our last regular meeting, it is, by no means, an eulogy of the Douglas County Medical Society. Neither is it written in defense of the society. The society is not on trial hence needs no champion. It was here long before the writer of this paper and will be here years after he has gone, in some form or other.

If, as has been said, nine-tenths of its members care nothing for it, the remaining faithful one-tenth will take enough interest in, and derive sufficient benefit from it, to see it is perpetuated.

Again, if nine-tenths care nothing for it why do they not more openly violate its constitution and by-laws? The thoughts arising from that suggestion show to me plainly that it must stand for something, since, not only because the majority of the profession are gentlemen, but because they are very careful to obey the laws and ethics of the profession for the reason that they desire to be in good standing in the medical organization.

The percentage who openly violate the laws of the society is very small. The society must mean something or they would not seek its approval. So if an organization tends to restrain its members for the good, it is worth belonging to. Some of its laws may not seem to be just to all but when the need arises they will be changed to suit existing conditions.

In the first place it is a representative body of men—an organization of co-laborers. The Douglas County Medical Society represents a basis of an organization. "It is not only," as has been said, "the portal entrance to the state and national medical associations, but it is the unit that influences the whole organization."

Being an integral part of the National Association, then to the Douglas County Society belong a part of the successes and achievements of the major society.

The last two decades is memorable above all others for medical progress. So far as the happiness of human beings is concerned, there is no other gift of science comparable to the increased power acquired by medicine to annul or lessen physical suffering and to stop the spread of pestilential diseases, although what has been accomplished in the past is small as compared to what remains to be achieved. Man's power over disease advances with increased knowledge of the nature and causes of disease, and this increase of knowledge has its sources in the educational system.

Among the more important causes contributing to this result are laws vesting the right of licensure to practice from the medical schools to state boards of examiners, whereby worthless medical schools are crowded to the wall, and out of existence, and others have been compelled to raise their standards. And today the better medical schools have high educational requirements for entrance.

The action of the medical organizations in being instrumental in raising the medical standard and urging the enactment of better

medical laws has aroused the laity. The people are taking up the cry, and the co-operation of the two will result in better things.

In our own state and city we have boards of health with capable men at their head, who are handicapped by lack of laws to carry on the work in the best way. But backed by the state and county medical organizations, there is no doubt but the work will be carried on much better in the future.

While the recent tuberculous exhibit in Lawrence was not directly backed and brought here by the Douglas County Medical Society, it was undoubtedly the individual work of certain members of the society that was responsible for its coming here. And practically all the doctors who were interested in making it a success were active members of this society.

One of the results of the tubercular exhibit here was the decree of the Board of Education, that all teachers in the Lawrence schools must pass a medical examination.

And the Board of Education will probably, beginning with the ensuing school year, pass the rule requiring a medical examination of all the school children.

Results like these are worth working for. The cause—the immediate factor in producing such results is hard always to place. Yet in this case I think we can say, in part, it was due to the tuberculosis exhibit.

I am directly benefited by the association with the members who attend the meetings more or less regularly. This association with others in my profession teaches me to think, talk, and study, more intelligently. **The contact with others broadens me, and, perhaps, keeps me from getting into the net of my own conceit.** It also gives me an insight into the character and work of the others. I find that the doctors who, from no selfish motives, enter into the work of the society are men to be trusted. Consequently when I need a consultant in medicine, when I need a surgeon to do my major surgery, when I need the assistance of a man better equipped for ear, eye, nose and throat work, I do not have to send to Kansas City or Topeka, but will call in one with whom I have been associated in our society meetings. And I am sure my confidence will not be misplaced. I can say this: during my few months of practice here the only “knocks” I have received or have heard of—have come from doctors who pay very little attention to, hardly ever or never attend the society meetings, or are not members of the society at all.

And finally, that which benefits humanity benefits you and me, whether it is the crusade against tuberculosis, the raising of

the medical standard, or improving the sanitary conditions of our city. Whether it is that is good for the human race, we know the medical organization, of which the Douglas County Medical Society is a part, is back of it.

Then let us make our society meetings worth attending. if a course of post-graduate study will improve conditions let us work for that. Anyway let us improve our society by some means.

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### RABIES AND ITS DIAGNOSIS.

A. B. JEFFREY, M. D., Topeka, Kansas.

Read Before the Shawnee County Medical Society, June 7, 1909.

A contemporary brother physician in Chicago, who was to appear on a medical society program, was the subject of an amusing mistake on the part of the printers of the program, his subject should have read "An Epidemic of Rabies," but was "An Epidemic of Babies."

Rabies, or hydrophobia or still better named lyssa, is one of the most terrible diseases that afflicts humanity. The tragedy of this most terrible and sad condition might be mere history if eradication of this disease was once accomplished and all that has been said in regard to treatment would be rendered unnecessary. In fact, rabies is one of the most easily eradicated of all infectious diseases. The preventative inoculation against hydrophobia stands monumental as one of the great triumphs of modern scientific medicine.

The clinical picture of rabies, be it with any species of the mammalia, unquestionably belongs to one of the most terrible and sad conditions which occurs in the whole realm of diseases. The subtle etiology, the suddenness, the unexpected result of the dangerous wound, large or small, the terrific emotion excited by the dangerous injury, the oppressive fear of the outbreak of the affection, assisted by the uncertainty of the often long period of incubation, the frightful, painful distressing maniacal suffering itself, the utter impossibility of a cure after the disease has once developed, and finally, the immense economic loss in live stock and in taking expensive preventative treatment; all these conditions drive us to peculiar quarter when we do not banish this most easily eradicated of all infectious diseases.

In spite of all the work that has been done on rabies, there are still many persons, including some medical men, who are skeptical regarding or absolutely disbelieve the existence of the dis-



ease. In a recent epidemic I heard some worthy and much looked-up-to physicians publicly express themselves, saying, that they had been practicing fifteen, twenty or twenty-five years and have never seen a case; but it proved nothing. Not one of that number ever saw a case of leprosy or plague; yet, do they say there are no such diseases? The U. S. Department of Agriculture is authority that during the past fifteen years but three cases of the disease have occurred in human beings in Washington, D. C., It can be readily seen, therefore, that only a small percentage of the medical practitioners would see them.

In spite of its rarity, rabies has great practical importance, in this respect it is similar to most acute cases of poisoning. The physician must be in position immediately after a suspicious injury produced by a bite to do everything in his power to make a positive diagnosis of the disease in the animal and to prevent the appearance of the affection in the human being. With this end in view the physician must be acquainted with all necessary details regarding the etiology, pathology, diagnosis and the therapeutics of hydrophobia. Further than this, opposed to the numerous fairy tales, legends and lores with which this peculiar affection in lower animals and man is enshrouded, is the doctor, the physician, the recognized exponent in this particular, of our clear scientific views regarding this disease. The honorable and important duty in this as in other hygienic questions falls and rests on the physician to set the popular mind aright.

The distribution of the disease is extensive, occurring in almost every part of the world. Australia being the only country known to be exempt owing to the rigidly enforced quarantine. In France, Belgium, Hungary and Russia, the disease is widespread. In the latter country it is common among wolves. It is common in Italy and Spain although the official figures are small. In Germany the disease is seen mainly on the frontiers and is rare in the interior. England is practically free at the present time owing to consistent and persistent muzzling and tying up of dogs. Rabies is common throughout the greater part of the United States. Census of 1890 gave 143 deaths, distributed in thirty states and for 1900, 123 deaths and these do not represent the full number of deaths from hydrophobia. In the state of Pennsylvania, rabies has existed for years and in 1905 Dr. Marshall reported in the Proceedings of the American Veterinary Medical Association "that it was spreading more than in former years." In 1906 hardly a county was free from the disease and besides the cases in dogs, forty seven cattle, fourteen hogs and one hundred fifty seven sheep

died of the disease. An epidemic occurred in Chester County Penn. summer 1907 which necessitated destruction of 154 dogs, 25 cows and 10 horses. The U. S. Department of Agriculture writes under date April 16, 1908 circular No. 129, "Rabies is all too prevalent throughout our country." "It is constantly spreading and causing increased financial loss, human suffering and death year by year. There is abundant evidence to warrant the statement that not a single state is free from the disease."

The following interesting data given me by Dr. Antonio Lagorio, Director Chicago Pasteur Institute and shows interesting etiological facts. The figures are based on a summary of the Institute since its foundation July 1890 to October 1907. During this time 3,010 persons received treatment. Of this number 2474 persons were bitten by dogs, 84 by cats, 100 by horses, 23 by skunks, 6 by wolves, 29 by cows, 9 by calves, 2 by burros, 4 by coyotes, 1 by a rat, 4 by mules, 7 by pigs, 1 by a sheep, 31 by hydrophobia human beings. Of the total number of patients 3,010 all excepting about 300 were given treatment because of positive findings, either by absolute laboratory diagnosis (about 1500) or by recognized symptoms of the disease in the animal (about 1000).

The virus is always contained in the saliva, being chiefly excreted by the parotid gland. The salivary glands are also virulent. The saliva of a dog has been shown by Nocard and Rous to be always virulent 24 to 48 hours before the animal shows any symptoms of illness. The blood and lymph are never virulent and even the virus is absent from the lymph glands in relation to the point of inoculation. The virus is transmitted by the nerve trunks and every part of the central nervous system constantly contains the virus, being especially concentrated in the medulla. The peripheral nerve trunks and cerebrospinal fluid are also virulent.

In man the time of incubation varies between wide limits the average being about 40 days; the great majority occurring between the 20th and 90th day. The shortest period is about 12 days, the longest according to Gowers, is about 18 months with a possibility of a longer interval.

The causative agent has long been sought after and many excellent authorities at present attribute it to a protozoa. Dr. Lagorio of Chicago Pasteur Institute recently expressed such a view to me. In 1903 Negri announced the discovery of certain bodies in the nerve cells of rabid animals. Found especially in the Horn of Ammon and are from 1 to 23 microns in diameter, oval, round or triangular in shape.

The following interesting conclusions were worked out re-

cently and extensively in the research laboratory department of health New York City, by Williams and Lowden.

- 1st. Negri bodies shown by smears and sections to be a specific to rabies.
- 2nd. These bodies are found before beginning of visible symptoms.
- 3rd. These bodies are organisms belonging to the class protozoa; reasons for this conclusion are:
  - (a) They have a definite, characteristic morphology.
  - (b) The morphology is constantly cyclic i. e. certain forms always predominate in certain stages of the disease and a definite series of forms indicating growth and multiplication can be demonstrated.
  - (c) The structure and staining qualities as shown especially by the smear method of examination resemble that of certain known protozoa, notably of those belonging to the sub-order microsporidia.
- 4th. The proof that the Negri bodies are living organisms is is sufficient proof that they are the cause of hydrophobia. A single variety of living organisms found in such large numbers in every case of a disease and only in that disease, appearing at the time the host tissue becomes infective in regions that are infective and increasing in these infective areas with the course of the disease can be no other than the cause of that disease.

In the light of the preceding facts we come now to the practical part of this paper, We have at our hand a preventative inoculation against rabies, but the great hope that we have to offer to people who have become infected by rabid animals is modified and conditioned by the number of days that elapses between the time of injury and that of coming under treatment. In fact, an interval of only a week may utterly destroy the efficacy of the Pasteur treatment, hence it becomes of heedful importance to make the diagnosis within a day or so after the bite, If the animal shows symptoms of rabies.

There is always a popular clamor in many cases to destroy a dog at once that has bitten a person. This is wrong from many standpoints: First, it destroys too soon necessary knowledge with which to diagnose the case and properly advise the bitten person; Second, the dog may not be rabid and if not is entitled to live. Therefore after a person has been bitten by a dog, do not kill the dog unless a competent person pronounces the dog rabid or the dog is showing marked symptoms. Secure the dog, tie him carefully

result of the application of the tuberculous tests. It was found that 160 prisoners showed signs of tuberculosis, but that in two-fifths of the cases it was so slight as to make it questionable.

The percentage of tuberculous patients was the highest in the insane ward, where eleven out of twenty-one had a positive reaction. The woman's department came next with twelve out of thirty-nine.

Of those found afflicted eighty-eight were white and seventy-two negroes, and the average age was 30 years. Only two objected to the test, and, when the object was fully explained to them, they were willing to take it.

It was found that the prisoners who worked inside the shops suffered most. It also was learned that most of them complained of having tuberculous troubles, before they were brought to the penitentiary.

As a whole the prisoners were found to be a fairly healthy body of men. Most of them had gained in weight from the time they were placed in confinement.

The prison officials will do everything possible to build or set aside a building for tuberculous patients. The legislature failed to set aside money to build a tuberculous hospital as recommended by the board of directors. It is believed that by using prison labor and prison brick something can be done in this direction.—K. C. Star.

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## SOCIETY NOTES.

June 7 to 10, 1910 is the date just decided upon for the next annual meeting of the A. M. A., at St. Louis.

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The American Pharmaceutical Association will hold its annual meeting for this year at Los Angeles, August 16.

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**The North-east Kansas Medical Society holds its next meeting at Kansas City, Kansas, Oct. 14.** The program will appear in the September issue.

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The annual meeting of the **Medical Society of the Missouri Valley** will take place Sept. 9 and 10, at Council Bluffs, Iowa. Dr. C. B. Hardin, of Kansas City, Mo., is president and Dr. Chas. W. Fassett of St. Joseph, Secretary.

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The seventeenth annual meeting of the **Northeast Missouri Medical Society** was held in Moberly, June 18, and the following



officers elected: Dr. Chalmers B. Clapp, Moberly, president; Drs. Godfrey O. Cuppidge, Moberly, and C. R. Dudley, Hannibal, vice-presidents; Dr. E. C. Callison, Kirksville, corresponding secretary; Dr. Oliver C. McEuen, Salisbury, recording secretary; Dr. Robert Haley Brookfield, treasurer.

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The Decatur and Norton County and the Western Kansas Medical Societies held a joint meeting at Colby, Wednesday, July 14. The program was as follows: "Summer Diarrhoea in Children"—Dr. H. O. Hardesty, Jennings; "Cystic Degeneration of the Placenta"—Dr. E. J. Beckner, Selden; (Subject not announced) Dr. A. C. Gulick, Goodland; "Mastoiditis"—Dr. C. W. Cole, Norton; "Nephritis in Children"—Dr. W. J. Lewis, Colby; "The Alaska-Yukon Exposition"—Dr. F. H. Smith, Goodland; Some remarks on the Significance of Gastric Acidity, —Dr. F. A. Carmichael, Goodland; Clinic under the direction of Drs. Eddy, Beaver and Lewis.

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The Missouri State Medical Association is seeking to reform the present method of introducing expert medical testimony in the courts. Dr. A. W. McAlester of Kansas City, secretary of the association has sent copies of resolutions adopted by the state organization to the Missouri Bar Association with the request that it co-operate in inducing the state legislature to pass new laws governing expert medical testimony. This is an extract from the resolutions:

It is, and has been for many years, a matter of common knowledge among medical men that the general plan of expert medical evidence in vogue in the courts of this country is crude in character, unscientific in conception, illogical in scope and frequently tends rather to the hindrance than the furtherance of the end of justice,—K. C. Star.

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The coming meeting of the Medical Association of the Southwest which is to be held at San Antonio Tex. Nov. 9-11, 1909, should be a matter of the greatest interest to every member of the profession in the five states making up this association for many reasons. First.—It is to be held in the largest state in the union, and while it is not the oldest by any means it is one of the best organized so far as the profession is concerned, of any one of the states. Secondly.—The meeting is to be held in one of the oldest historic cities of this country. It is a city of more than 100,000 inhabitants with beautiful buildings, points of historic interest, principal among

which might be mentioned the Alamo. Thirdly.—The splendid meeting of last year at Kansas City, and the royal entertainment accorded all who attended are still fresh in the minds of those who were fortunate enough to be there and it is no idle boast that those who have the planning of this meeting in charge have set their stakes to surpass even the splendid meeting of last year; and those of us who are acquainted with them feel sure they will do it. Fourthly.—We have a conditional promise that we are to have with us as our guests of honor at this meeting Dr. Welch, of Baltimore the honored president of our parent Association the A. M. A., and Dr. W. L. Rodman, of Philadelphia, who will deliver the oration on Surgery. Fifthly.—The profession of San Antonio are expecting you and are making great plans for your comfort and entertainment and you ought not to disappoint them. Sixthly.—Because after the meeting is over an opportunity will be given you by means of an excursion, the itinerary of which is enclosed, to visit at a very nominal expense the beautiful country and city of Old Mexico. You can't afford to miss this. Lastly.—Don't be selfish and leave your wife at home, to look after the business but lock up the office, take the wife with you and make up your mind you are both going to have the time of your life and you will not be disappointed for the meeting will furnish a "feast of reason" as well as great social pleasures and the ladies will be royally entertained every minute of the time.

Dr. F. H. CLARK, Secy, Treasurer, El Reno, Okla.

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### THE TREATMENT OF TACHYCARDIA.

In the course of an article contributed to the Buffalo Medical Journal for April, 1909, Goldscheider tells us that the following measures are recommended for adoption as accessory to the treatment of the real underlying cause of tachycardia:

1. Rest in the Recumbent Position.—It should be here noted that some neurasthenics cannot endure protracted rest, since they suffer nervous attacks, and on this account must be allowed occasional exercise.

2. Application of Cold to the Heart.—This may be carried out by means of an ice-bag, or bottle filled with cold water, or by the use of Gaertner's coil, the latter being particularly recommended as it adapts itself so well to the chest wall, exercises no inconvenient pressure, and by it the cold may be uniformly applied. The application of cold to the cervical region (nape of the neck) may be tried.

3. Mental composure is of great importance, not only in ner-

vous but in every form of palpitation, as a close relation exists between mental conditions and the action of the heart; and it is in these conditions that sedatives are useful.

4. Sedatives.—Preparations of the bromides, such as sodium bromide or a mixture of sodium potassium, and ammonium bromide, or the well-known effervescent bromide salt, or bromide tablets. Veronal in doses of 0.1 gramme two or three times daily sometimes exerts a soothing influence on general excitement, especially on that of the heart. Huchard recommends quinine hydrobromide. Valerian preparations sometimes give excellent results. Hydrocyanic acid should also be tried, the simplest form of which is the cherry-laurel water (30 to 40 drops a day). The local application of menthol in the form of a stick or as an ointment, and inhalations of menthol dissolved in hot water, are likewise useful in many cases.

5. Should the accelerated nervous pulse be weak as well, we may draw on the preparations of caffeine (caffeine, caffeine-sodio-benzoas, caffeine-sodio-salicylas) as well as tincture of *strophanthus*. The *extractum cacti grandiflori fluidum* may be tried, 10 to 20 or 30 drops three times a day.

In violent action of the heart, which frightens the patient and causes great alarm, small doses of morphine, codeine, or dionin may be necessary. At times the application of a pressure bandage acts beneficially.

6. Gentle massage of the cardiac region, abdomen and back, and the employment of electricity in its various forms (galvanism, alternating-current baths, and the high-frequency current,) are within the sphere of treatment to be adopted in all cases of nervous tachycardia.

7. Lukewarm baths, 26 to 27 R. (92 to 94 F.), with or without the addition of aromatic vegetable extracts.

As already remarked, the primary disease (neurasthenia, anemia, the uric acid diathesis) must be treated.

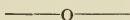
Where stomach, intestinal, or sexual reflexes are the cause of tachycardia, they should be treated therapeutically. Fermentative changes or excessive gastric acidity should be treated with alkalies, or the stomach should be washed out and the diet carefully watched. An article which has often proved of the greatest service to the author in conditions such as these and in reflex car-

diac disturbances is camphor in doses of 0.1 gramme three or four times daily.

The occurrence of tapeworm in the intestinal canal may produce reflex tachycardia, and the taking of rich and heavy suppers, may cause nocturnal palpitation. Moreover, the connection of gastric and intestinal affections with disturbances of cardiac innervation is not always merely reflex, the toxic affects of intestinal fermentations with pushing up of the diaphragm and consecutive mechanical influence on the heart being of greater importance.

8. The intimate relation between tachycardia and sexual conditions is recognized, and among those coming under chief consideration are the period of puberty, especially in the female sex, the climacteric, dysmenorrhea, masturbation, and diseases of the organs of generation (prostatitis, gynecological affections).

In treatment, the ailment which is the primary cause of the condition should always receive the first consideration. Amongst causes of nervous tachycardia, those accompanied by arterial constriction take an important place, the latter being caused by various conditions, as in the spastic angioneurosis of anemia, chlorosis, and neurasthenia; on the other hand, toxic forms, such as the uric acid diathesis and the climacteric cardiac neurosis, are often combined with vascular spasm (Huchard). Besides the symptoms of a cardiac neurosis there are added pallor and coldness of the extremities, paresthesia, vertigo, polyuria, and tensely contracted arteries.—The Therapeutic Gazette.



### "MR. DOOLEY" ON PSYCHOTHERAPEUTICS.

Mr. Editor: "Have ye read of this new thing they call sycotherapewticks that's privalint in Boston?" asked Mr. Dooley, as he laid aside the daily paper and turned to Mr. Hennessy.

"No. Is it ketchin'?" demanded Hennessy, anxiously.

"Sure it's not a disa-ase at all, at all," replied Mr. Dooley in his most professional manner. "It's a new rimidy."

"Glory be!" exclaimed Mr. Hennessy. "Is it ha-ard ter swally?"

"Faith, it isn't like Father John's midicine or anny iv thim things," went on Mr. Dooley. "It's this way: Boston is a shate iv moind, an' whin anny wan sickens there it's th' moind that gits attintion. F'r instance, whin little Indicutt begin ter pine away an' th' nose-piece iv his specs has to be thrimmed with fur ter keep th' metal fr'm pressin' on his poor little brain, an' he spinds his



nights huntin' th' snark an' ither mana-a-tein' game in th' heart iv darkest A-africa with Teddy Rosenfelt, thin he's ripe fer sy-cotherapewticks." •

"It's like casther ile, thin," ventured Mr. Hennessy.

"Ye talk like an omadhaun!" snapped Mr. Dooley, impatiently. "It's nawthin' iv th' koind. No, they call in th' pasther iv th' church. 'Ah, me little man, it's obsissed ye are,' sez he. 'It's a bad case iv th' dissochiashun iv th' persona-ality ye have,' sez he, an' be a quick pass iv th' hand he lands little Indicuttinter a sthate iv hipno-osis which is th' thrade name f'r a kind iv near-slape. In this conditiion the poor little divil is completely at th' good man's mercy, an' the secret wurrukin' iv his moind is as clear ter th' pasther as th' spring waters ye see advestired in th' magazines—if ye believe th' advertoisements. In less time than it takes yer ter impty a can iv beer, Hinmissy, th' boy's moind is spiritooly dhry-clinsed iv its obsissions and th' boy comes back ter airth or as near there as they iver get in Boston. 'Lave him take an exthra coorse in thransindintal ferlosofy,' says the good man in partin' fr'm th' overjiyed parents. 'It'll kape his attintion off iv himself. But be careful how ye expose him ter th' fresh air."

"It bates the divil what leeps science is making'!" exclaimed Hennessy, when his powers of speech returned.

"An' they threat th' grown-ups th' silfsame way," went on Mr. Dooley, full of his subject and unmindful of his friend's comment. "Whin wurruk is slac' at th' foundhry and th' father iv th' fam'ly dosen't know where th' price iv the next pot iv baked beans is comin' fr'm, ter say nawthin' iv th' rint an' th' other lux'ries iv life, he begins ter recognize th' simtims iv a refracthry subconshus—such as cowl'd feet, an' an inability ter look th' landlord an' th' bo-otcher straight in th' face— an' drops in ter th' sy-cotherapew-tick clinic fer afthernoon tea and ifther threatmint."

"An' how does that hilp him on th' rint an' th' bo-otcher question?" asked Mr. Hennissey, critically.

"That's simple," replied Mr. Dooley. "He goes away full of tea, angel cake, an' be-yewtiful sintimints that inable him ter rise above his troubles, and whin th' grasping landlord an' th' bo-otcher with th' Armour-clad hea-art begin ter do sintry duty before his dhoor, in comp'any with th' ither wolves, th' poor man retires inter th' subcellar iv conshusniss an' puts up the amashia shutters, which is a sure protecshun agin painful mimries."

"Wonderful! wonderful!" ejaculated Mr. Hennessy.

"Th' same treatmint applies ter all th' ither human ills," continued Mr. Dooley. "If th' hea-art gets inter a frolocksome mood

an' takes ter skippin' beats up an' down th' spine; if th' stummick contrac's th' playful habit of telescopin' itsils inter th' dhudeenum; if th' rist iv th' organs refuse ter wurruk undher union rhules, it's scycotherapewticks that's needed."

"But what does scycotherapewticks ra-ally mane?" asked Hennessy, with a dazed expression.

"That's what no wan seems ter clearly undherstan'," replied Mr. Dooley. "As near as I can make out, it's a species iv spiritool flim-flam. We are all born in orig'nal sin, Hinnissy, an' th' devil's in iv'y wan is uv. Ye may think ter dhrive him out be baptism, but don't fool yerself. He's still with ye in as manny dif'rnt forms as ye have fingers an' toes. That's whv ye suffer fr'm a mooltiplica-ation iv th' personality. Whin th' ould boy gets inter yer liver, ye're wan feller, an' whin he sthriges yer big toe in th' shape iv th' gout ye're another. Ye know yerself, Hinnissy, that whin ye go home an' swear at th' ould woman an' caress th' children with th' wooden ind iv th' broom, yer're not th' same ja-anial spirit ye are whin ye're sthandin' up ter th' bar an' somewan else is orderin'. It's the devil that's at the bottom iv all our sufferin', an' it takes th' pasther an' his scycotherapewticks ter dhrive him out."

"An' are there no more reg'lar doctors in Boston like ould Doc Sullivan here?" asked Hennessy.

"Very few, I hear," replied Mr. Dooley. "Them as haven't made their fortchun be thrimmin' off the appendix are now sellin' fairy stories written by spiritool sycollargists."

"But even sthills I don't clearly undherstan' th'meanin' iv scycotherapewtics," protested Hennessy.

"That's just the crooks iv the situashun, as they say in argymints. Ye are in the same box as th' pasthers, Hinnissy."

"An' ye say that Boston is on'y a sthate iv moind?" queried Mr. Hennessy.

"I do," affirmed Mr. Dooley.

"Thin it must be a nawful bad sthate ter be in," finished Hennessy, sententiously.

Very throoly yours,

J. W. C.

(With humble apologies to Mr. F. P. Dunne.)—Boston Medical and Surgical Journal.

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## CLINICAL NOTES

Adrenalin in solution or ointment when used with or without cocaine will many times stop an "ear ache" immediately. Es-

pecially is this so in furunculosis, inflammation of drum or middle ear. It should be used in a 1 to 1000 or 2000 strength.

—o—

Neuralgia is differentiated from neuritis by the fact that in the pressure upon the nerve increases the pain. The pain of neuritis is more constant, and there are peripheral disturbances in the structures supplied by the affected nerve.—American Journal Surgery.

—o—

In a child presenting symptoms of tuberculous disease of the cervical spine, it should be remembered that other conditions, such as torticollis, inflamed lymph nodes, and sprain of the cervical ligaments, are capable of giving similar symptoms.—American Journal of Surgery.

—o—

A very useful hint that we have seen somewhere, is to give belladonna in cases of the recession of an eruption, as that remedy assists in determining all acute cutaneous eruptions. The drug possesses at least one notable quality. If there be no eruption present its administration will cause one and, in that manner, relieve the anxiety of those, who are determined to see something of the sort.—American Journal of Dermatology.

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If living insects have entered the external auditory meatus, as sometimes happens in summer from lying on the grass, blowing in tobacco smoke is a ready means of killing them, after which they may be carefully removed by syringing. Chloroform, if obtainable, is more prompt and effective, a piece of cotton saturated with it being held against the outer opening of the meatus. Maggots are best removed by injecting sterilized olive oil. International Journal Surgery.

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One of the peculiarities of the medical profession, which the writer has had numerous opportunities to observe, is that a great part of its members has acquired the habit of prescribing solutions of iodide of potassium to be taken after meals. Whilst it is true that the salt acts under these conditions, it is equally a fact that the same dose will act better if it be taken before meals. This is easily explained if we but remember that when the iodine salt is taken after a meal the iodine combines with the starch of the repast to form an inert iodide of starch. If taken before eating it is absorbed and retains its activity.—American Journal of Dermatology.

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## A CASE OF SPOROTRICHAL INFECTION.

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Read before the Kansas Medical Society, May 7, 1909.

In 1898 B. R. Schenck reported the first case of Sporotrichosis. Since then quite a number of cases of this unusual disease have been observed and recorded. In the American literature is found reports of but four or five cases, while in the French literature of recent years reference is often made to the disease. A few cases have been observed in Germany and one in Brazil, South America.

Schenck describes the first case as an unusual infection following a scratch by a nail of the index finger, whence the infection extended along the lymphatics up the arm giving rise to multiple subcutaneous, refractory abscesses. From two of these abscesses Schenck isolated in pure culture a fungus which was regarded as "possibly related to the Sporotricha." From these cultures he carefully described the cultural characteristics of the fungus, its morphology and the results of animal experiments.

In 1900 Hektoen and Perkins observed a similar case with an almost identical clinical course, the infection following an abrasion of the finger from a blow by a hammer. From the subcutaneous abscesses which followed on the forearm was isolated an organism identical in all essential details with the one reported by Schenck.

Dr. Brayton gives a clinical report of a case without bacteriological findings. Infection followed a wire puncture of the finger followed by abscesses to the elbow. J. M. Burlew reports a case from California and Page and Frothingham, Boston, report two cases of sporotrichal infection in horses.



Of the cultural and other peculiar features of this fungus the following may be mentioned: The organism is a strict aerobe. Grows well on all ordinary culture media. On agar growth is perceptible in 63 to 48 hours, first as a faint, slightly opaque, whitish line. Lateral growth is rather slow but well marked in about five days. The surface of the growth becomes wrinkled, turning brown, deepening to black with age. Gelatine cultures show slow liquefaction beginning in one week and complete in three weeks. The organism consists of a branching septate mycelium from which ovoid bodies develop by budding either from the extremities of lateral or terminal filaments or from the sides of the threads. These ovoid bodies are spores. Mycelium and spores stain well with all ordinary dyes and by Gram's method. Most detail is shown by the use of Wright's stain.

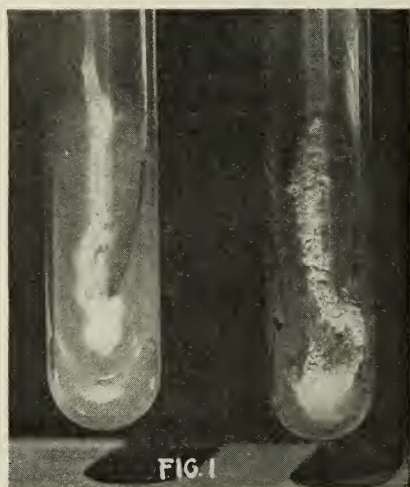


Fig. 1. Cultures one and two weeks old, showing marginal growth.

White rats and mice seem to be the most susceptible animals, and in them, this fungus when introduced, causes a slow, circumscribed, nodular inflammation followed by pus formation. Rabbits are not susceptible. We were able to induce the disease in dogs. Gougiero and Caraven observed a spontaneous case in puppies. Lutz and Splendorie report the presence of this fungus in the mucous membranes of the mouths of healthy rats and ascribes the occurrence of cutaneous sporotrichosis of rats to infection from bites.

The case we observed seems identical, both clinically and bacteriologically, with cases previously reported.

J. C., male, negro, age 69 years, laborer and married. Family history negative, previous history of two attacks of pneumonia, two years since the last. As a child measles, chicken pox, whooping cough etc. At present is in good health but has had a cough since last fall. Examination showed some pigmented areas on the left leg, which the patient thinks was due to a similar trouble he had one year ago. All physical findings negative, also, miscropical feature negative.

The lesion which he presented for treatment was on the left arm over the point of insertion of the deltoid muscle. Two weeks previous to his visit to the hospital June 1, 1907, a small pimple appeared on the skin at this point which festered, and was scratched off with the finger nail, discharging a material which the patient



Fig. 2. Cultures three and five weeks old showing characteristic rugation and pigmentation.

thought did not look like pus. After opening this pimple others appeared which festered and discharged a similar material. These pustules after discharging became covered with a scab which would come off leaving a small, flat superficial ulcer. After the appearance of the first ulcer there developed a nodule beneath the skin, followed by others which later broke down into abscesses. The only symptom complained of was an intense itching and stinging.

At the time of the first examination there was present 15 ulcers and eight nodules, the ulcers being distributed about the pri-

mary point of inoculation, and the nodules following up the lymphatics on either side of the deltoid muscle. The ulcers from papules were very superficial, having an average diameter of 8mm. with very thin, pale, slightly undermined edges; while ulcers arising from suppurating nodules were deep with hard, indurated, elevated borders. The nodules were deep within the skin but prominent above it, freely movable and painless.

Cover glass preparations from the superficial ulcers invariably showed numerous spores with a few mycelial threads. These spores and threads show in sections of the superficial ulcers but are not to be found in the tissue walls of the suppurating nodules. Cultures from these nodules, however, will invariably prove the organism to be present. The organism found in this case proved to be identical with that found in all previously reported cases.



Fig. 3. Lesion on outer aspect of arm. Superficial ulcers in center. Abscesses on either side of deltoid.

A review of the literature on human sporotrichosis shows a remarkable similarity in the clinical features of the disease in all cases recorded. Usually infection follows some abrasion of the skin or mucous surfaces. Infection is invariably followed by superficial ulceration with deep cutaneous nodular inflammation along the lymphatic channels, terminating in a ulceration. The ulcers seem to be all superficial with a thin, pale, slightly undermined

border. The nodules are deep within the subcutaneous tissues, movable, painless, hard and with a dense connective tissue reaction about a purulent centre. In a case observed by Letulle, where the disease appeared on the pharyngeal and laryngeal mucous membranes, secondary to an infection on the arm, the ulcers were at first, small, round and greyish with red slightly elevated borders; later the ulceration became continuous, presenting a greyish yellow surface, without nodular inflammation and without systemic invasion, but with a large ulcer of the pharynx, larynx and esophagus. The course of the disease in lower animals differs but little from that in man. In dogs and in rats it is characterized by a more strict superficial ulceration, while in the two cases reported as occurring in horses the disease assumed the character of a suppurating lymphangitis, which resembles more closely the human type of the infection.

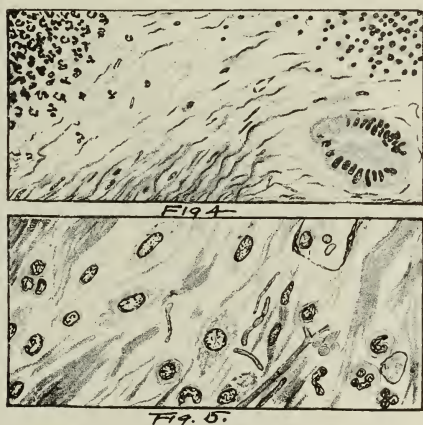


Fig. 4. Section of abscess wall showing giant cell, foci of polymorphonuclear and plasma cell infiltration and increase of connective tissue.

Fig. 5. Section of superficial ulcer showing spores and mycelium.

De Burmann and Gougerot from a study of some ten or twelve cases have attempted to classify this disease into three general types. 1. the syphilitic form, 2. tuberculoid form and 3. wart like form or papillomatous form. The syphilitic variety is considered by far the most frequent and is characterized by multiple, scattered subcutaneous abscesses resembling a gumma like lymphangitis. When these abscesses spontaneously ulcerate they resemble ecthymataform tertiary syphilids. The tuberculoid form resembles subcutaneous tuberculous gummata, and is characterized by slow development, slow healing and a remaining irregular stellate



scar; while the warty variety is characterized by lesions resembling papillomatous dermitic warts, which is sometimes so characteristic of ulcerative lymphangitis. In this case, as in others reported in America, must be noted the presence of the flat superficial ulcers preceeding the formation of nodules and abscesses. The flat ulcer also seems to be quite characteristic of the disease when invading mucous surfaces.

The disease seems to be confined to no particular locality, cases having been observed in widely separated places. By far the larger number being reported from Paris, possibly because of its more ready recognition. No doubt a great many of these cases are passed unrecognized being considered as some cutaneous manifestation of syphilis, as the lesion yields somewhat readily to the potassium iodid treatment.

Most of the cases observed show no selective point of invasion, infection occuring, as a rule, about the hands and arms usually

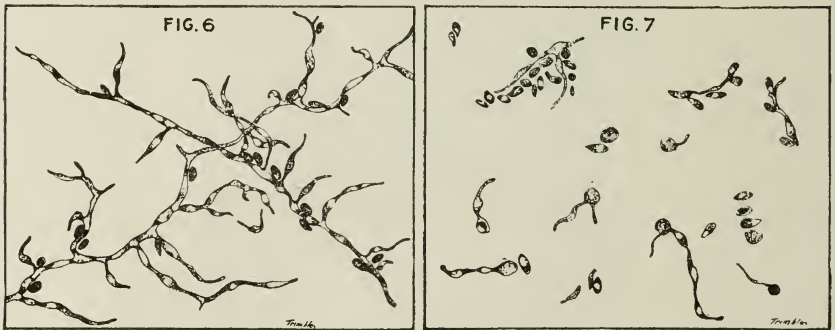


Fig. 6. and 7. Drawing of fungus, pure culture.

following some abrasion of the skin. Lettule observes a case occurring on the foot. A few cases have been observed where the disease invaded the mucous membrane of the pharynx and larynx both as primary and secondary lesions.

No deaths have been recorded due to the disease, nor systemic invasion of the body following a primary focus, however, Lettule's patient, 66 years old, showed the first lesions on the right forearm followed by secondary lesions on various parts of the body. These readily disappeared by the use of potassium iodid. Some months later the disease reappeared in the form of ulcers on the pharyngeal and laryngeal mucous membranes. The patient showed progressive dysphagia, dying of a pneumonia one year after the primary infection of the forearm.

The pathology of the lesions of sporotrichosis is rather unimportant. The tissue changes are principally those of a chronic irritation of the subcutaneous tissues and lymphatics. The epithelium overlying the small nodular abscesses is unchanged. The tissue most remote from the abscess wall, under the influence of the irritant are stimulated to a marked overproduction chiefly of the connective tissues. The elastic tissues are also markedly increased. Next the purulent center the connective tissues are necrotic infiltrated with masses of plasma cells and leucocytes. Giant cells are a constant feature though not numerous. The spores and mucelium of the fungus are not to be seen in sections of the abscess walls though sections of the superficial ulcers show these to be quite numerous growing into the connective tissue spaces.

Treatment of sporotrichosis is rather simple. Potassium iodid has been given internally but we fail to see good reasons for its use. Externally antiseptics; bichorid, carbolic, etc., have been used but are of no value. The fungus being a strict areobe, exclusion of the air with a thick layer of vaseline or carbolated vaseline gives prompt results in treatment. Applications of dusting powders are useless.

From now on it is quite evident that sporotrichal infection must be reckoned within the diagnosis and treatment of chronic nodular lesions of the skin, and subcutaneous tissues and ulcers of the mucous membranes. That the exact nature of such processes may be determined a careful microscopical examination should always be made.

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## THE DIAGNOSTIC SIGNIFICANCE OF VARIATIONS IN THE HYDROCHLORIC ACIDITY OF THE GASTRIC CONTENTS.

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The normal functions of hydrochloric acid in the gastric contents is to furnish the necessary chemical conditions for proper peptic activity. Variations in the quantity of the acid secreted is supposed to result in certain definite morbid changes in the action of these ferments usually characterized by a definite and fairly uniform symptomatology. The exact function of HCL is disputed by physiologists, and so many and varied are the views and opinions advanced as to its true relation to the digestive processes that it is impossible at the present time to arrive at a satisfactory conclusion as to its value and importance to the economy. Various writers of note have ascribed to it widely different functions. Its principal function seems to be in the conversion of pepsinogen into pepsin. As a digestant its value is questionable. Boas considers its antizymotic action its only important one.

Until Pawlow demonstrated its stimulant action upon the flow of pancreatic secretion its action was supposed to be confined entirely to gastric digestion.

Physiologically it has been demonstrated that the intestinal action of hydrochloric acid is important in that its presence in the first portion of the duodenum is a decided stimulant to the pancreatic reflex. Aside from this its anti-putriferative and anti-bacterial action has been demonstrated by the researches of Von Tabora and other recent investigators. Bird in his report of 1842 was one of the earliest observers of the reduction HCL in certain diseases though Vander Velden in 1879 was the first to call attention to the frequency of its absence or marked diminution in cases of gastric carcinoma. His observations confirmed by many subsequent investigators was for years the basis for an assumption that marked deficiency or absence of HCL in the gastric contents was a necessary finding in carcinoma of the stomach. Within the last few years the fallibility of this assumption has been frequently demonstrated especially in the incidence of early carcinomas of the stomach before appreciable changes in the gastric mucosæ have occurred, and in cases where carcinomatous changes have developed on recently citratized or open ulcers, instances of a normal or increased gastric acidity are becoming more and more frequently noted.

Benjamin Moore has also contributed to our knowledge of

the behavior of the gastric secretions in carcinomatus conditions by reporting a large series of cases of carcinoma in various parts of the body remote from the stomach in which there was no gastric impaction and in which he found HCL absent in 66% and greatly reduced in 33%, citing cases where from the cachexia and gastric chemism a reasonable diagnosis of gastric cancer was proven incorrect at operation the area of malignancy existing at some point remote from the stomach. His observations have been confirmed by Friedenwald and Rosenthal and the significance of these observations tending to prove as they do the inhibitory influence of the toxins of cancer upon the formation of HCL, probably exerted through altered blood conditions precludes the possibility of the responsibility of altered conditions of the gastric mucosæ being held in any way accountable for HCL deficiency. Whether this antagonism to hydrochloric acid formation is by direct chemism preventing the formation, or, if formed, affecting the destruction of HCL, whether the phenomena is a neurosis dependent on toxemia or whether the chlorides in the body are appropriated to, or perverted by, the demands of neoplastic tissue is uncertain, though from the fact that decrease or absence is noted in other conditions of blood dyscrasia notably pernicious anemia and cachectic states, it may reasonably be inferred that the quantitative alteration in the HCL contents is due to the hæmolytic action of cancer toxins upon the blood and not to any local action upon the gastric mucosæ.

Chambers has recently given the results of extensive studies on hydrochloric acidity in the aged in which he points out the constant decrease and frequent absence of HCL in the gastric contents in those of advanced years. The determination of this in conjunction with the fact that a heavy percentage of gastric cancers occur at advanced periods of life would lead us to consider an absence of HCL in those cases without diagnostic value except as supported by decrease of the ferments and other confirmatory findings. While the determination of lactic acid in the gastric secretions is significant of but one thing, i, e. stagnation, it may be regarded as a much safer criterion on which to base a diagnosis of probable malignancy or at least a surgical condition as the lesion it implies of motor insufficiency, perigastric adhesions, ptosis or pyloric obstruction are all amenable to surgical treatment. While Graefe and Rhomer acting upon the theory of a specific hæmolysin dependent upon the direct action of carcinomatous processes on the gastric mucosa have succeeded in demonstrating a lipid in the gastric contents capable of producing hæmolysis



of human or animal blood even when administered in minute quantities and which they attribute primarily to ulceration of the stomach walls and resultant changes in oleic acid thus derived, their theories are open to objections upon the ground that hæmolysis and cachexia occur in all types of carcinoma occurring in other parts of the body and the earlier development of this phenomena in gastric carcinoma may be more reasonably attributed to impaired peptic activity and consequently malnutrition than to any special action upon the gastric mucosa as Witt's investigations following the technique of Jacoby and Sohms confirms the conclusions reached by Sohms that a higher peptic activity accompanies hyperchlorhydria than is found with reduced or normal acidity.

Hyperchlorhydria while clinically described as a morbid state directly dependent on an excess of HCL in the gastric contents and identified by a more or less definable symptom complex is not dependent for its symptomatology upon an excess of acid in all cases. The classic symptoms of hyperchlorhydria so frequently exhibited in those with normal or diminished secretion on the one hand, and the occurrence of excessive acidity of the gastric contents without symptoms of discomfort on the other, have justified the conclusion that a hyperæsthetic mucous membrane, susceptible to irritation is a more potent factor in the production of symptoms than is the excess of acid secretion. While the occurrence of true primary hyperchlorhydria entirely functional in origin where the symptoms are due solely to an excess of acid is occasionally encountered, these cases are extremely rare and a decided neurotic factor more sensory than secretory in character may be determined in most cases.

The importance of hyperacidity as a predisposing or actual exciting cause of ulcer of the stomach may be questioned in so far as its direct effect upon the production of this lesion is concerned. The recent studies of Boldereff have seemingly proven the fact that gastric digestion is not limited to the action of ptyalin and the gastric ferment alone on the stomach contents, but that there is a periodic regurgitation of bile and pancreatic juice from the duodenum into the stomach during the height of digestion and that this regurgitant process is in a measure governed and apparently excited by the presence of free HCL in the first portion of the duodenum. Granting the confirmation of these observations they readily explain how these secretions acting in an acid medium could maintain and favor a condition of ulceration after its establishment from trauma or circulatory changes.

This view might be farther supported by the behavior of du-

odenal ulcers. It has been observed that the occurrence of pain in these cases is usually some hours after taking food, or in other words after as much as is necessary of the free HCL has entered into combination with the gastric contents. Previously it has been assumed that pain in these cases was excited by an excess of HCL, finding its way from the stomach into the duodenum and bathing the surface of the ulcer. As the presence normally of pancreatic secretion in this portion of the duodenum during digestion is conceded, the role played by HCL in this location may be reasonably assumed as indirect through its effect in neutralizing the normal alkalinity of this portion of the intestine and again permitting the activity of the pancreatic fluid under altered chemical conditions.

It is a well known fact that normal secretions acting in their proper medium are incapable of producing morbid changes in the tissues with which they come in contact but if the medium in which their normal activity is exhibited be changed from acid to alkaline or vice versa the protective power of the tissues is reduced and pathological changes result.

This is strikingly illustrated in the behavior of the mucosæ of the uterine cervical canal when, following laceration, the lips of a cervix retract and the mucosæ of the canal becomes swollen and everted. Contact with the acid vaginal secretions soon produce erosions and ulcers which disappear upon protection of the parts or anatomical restoration to the normal alkaline secretion by cervical repair. It is illustrated by the irritation of the buccal mucosæ when the salivary secretions are chemically altered, in urethral irritation in marked increase in the acidity or alkalinity of the urine in the irritability of the intestinal tract when acid fermentation occurs and in many other ways which may be readily recalled.

That the presence of HCL in excess in the stomach may act as an irritant to an ulcer when once established is beyond question but that hyperacidity is the cause except indirectly insofar as it favors the advent of pancreatic secretions in the stomach is not in accordance with natural laws.

After a careful review of these facts it seems justifiable to draw the following conclusions with reference to the diagnostic importance of variations in the hydrochloric acidity of the gastric contents.

First. Variations in HCL acidity has in the past received more consideration in its diagnostic relations to morbid processes than seems justified at the present time.

Second. With reference to its diminution or absence in cancer, particularly of the stomach its diagnostic value is slight and of but relative significance.

Third. The researches of Chambers would lead us to ignore it entirely in considering cases in the aged.

Fourth. That nutrition is unfavorably influenced by subacidity seems proven by the observation of Witte, hence its value to the economy seems proven despite the negative opinion of others.

Fifth. That excess of HCL is not the factor responsible for the symptom complex of hyperchlorhydria, but that the underlying cause in a great majority of these is a sensory neurosis, characterized by gastric hyperæsthesia.

Sixth. That the hyperacidity usually accompanying gastric ulceration is detrimental to processes of healing in that it makes possible the activity of the pancreatic secretion in a medium and environment foreign to that in which its normal activity is exhibited, thereby, theoretically at least, subjecting ulcerated surfaces to a modified process of auto digestion.

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## INTUSSUSCEPTION.

Dr. ARTHUR MOBERG.

Read before the Crawford County Medical Society, June 7, 1909.

Intussusception consists as you all know of the invagination of one portion of the intestines into another and consists of the following varieties, enteric, colic and ileo-colic, according to the location in the bowel in which they occur. The ileo-colic comprise about 75% of all cases. 75% of all cases occur under two years of age and one half of these between four and nine months, probably due to the thinness of the child's bowels and some error in diet, because they generally occur in seemingly healthy children.

**Lesions.** There seems to be an irregular contraction of spasm or paralysis or irregular contraction of the bowels and part slips into the other part, drawing the mesentery with it. To allow this

the mesentery must be very long, relaxed or lacerated. Intussusception does not necessarily produce obstruction or strangulation but usually both are present and produce the symptoms of obstruction. Traction on the mesentary leads to obstructions of its vessels, causing congestion, edema, hemorrhage or gangrene. The obstruction is generally due to swelling which leads to the irreducibility, which if continued three or four days causes adhesion from a local peritonitis. Other causes of irreducibility are twisting of the tumor mass and pinching off of the prolapsed intestine especially by the ileo-coecal valve. Gangrene and sloughing occur in the acute cases and many pass per rectum, but this only occurs in a few cases of children.

**Symptoms.** Child is taken suddenly ill with pain and vomiting paroxysmally. At first one or two loose stools and after that nothing but blood and mucus. There are symptoms of prolapse, collapse, pallor, rapid feeble pulse and temperature normal or subnormal. The abdomen is relaxed and a tumor can be felt in the left iliac-fossa and should be examined per rectum as it is plainly felt. The course and duration of the acute cases is less than seven days. In the chronic it may last four weeks. Some cases of colic in children are cases of light intussusception, and the recovery is spontaneous through the sloughing of the part but this is very rare. Cause of death is generally shock or sometimes exhaustion. The prognosis is very grave but has now been brought to about 51% in cases that have been diagnosed early and operated on.

**Treatment.** Inflation with air or water under an anesthetic. Inversion of the child, but operation as soon as diagnosis has been made is the proper treatment.

I will now report a case in my own practice. On the morning of April 10th was called to see a 7½ months child of Mr. and Mrs. G. and on arriving found the following history. The child's bowels had moved nicely but at once the child started crying and screaming and had vomited once or twice. On examination found the temperature normal. Pulse about 120 and the child would cry as if in pain but would play if its attention was attracted. Diagnosed the case as intestinal trouble, as the mother had changed the diet about two days before, from malted milk to plain cows milk and gave the child some anodyne and calomel to be followed by dose of castor oil and enema and told to report later on. In the evening the report was that child was easier and bowels had moved. Same report the next morning. The next evening the mother reported that the bowels had moved some mucus and blood,



and a little restless, and told her would call and see the patient. Arrived at bedside of little patient about 36 hours after first visit and found an anxious expression on face. Pulse rapid and temperature  $99\frac{1}{2}$ . Ordered clothing removed and palpation found tumor mass in left iliac-fossa. Gave child enema and waited for results but nothing but clear water returned. I then lubricated finger and inserted in child's rectum and found a movable sausage like tumor about  $\frac{1}{2}$  in. up in the rectum and then diagnosed intussusception and advised operation. Called Drs. Gibband Kiehl into consultation. On opening the abdomen found a typical case of ileo-cecal intussusception, in which the appendix, ileum and mesentary had slipped into the colon about  $7\frac{1}{2}$  inches and was adherent and was with difficulty, separated and put in place. Patient removed from table and died about four hours afterward.

Would state in conclusion that children should be examined per rectum more frequently than they are and also that the reduction of intussusception by water or gas is easier said than done, as we found it very difficult to reduce the same even after the bowels had been removed from the abdominal cavity.

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### THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

DR. C. S. KENNEY, Norcatur, Kansas.

Read before the Kansas Medical Society, May 6, 1909.

I have chosen as a subject to present at this meeting "The Early Diagnosis of Pulmonary Tuberculosis." A subject that is of vital importance to us as physicians to be sure, but it is of vastly more importance to the poor victims, their friends and associates. Having long maintained that the really great medical man is the bedside clinician; this fact is more forcibly brought to my attention in a case of tuberculosis. The physician who by a careful inquiry into the family history and environments of the patient coupled with a careful physical examination can come nearer to a diagnosis than one who depends on the test tube and the microscope. But gentlemen bear this in mind that I am not throwing stones at the pathologists and bacteriologists, for it is a source of great satisfaction to have a diagnosis confirmed later by a microscopist.

Very little attention in the dim and distant past has been paid to an early diagnosis of tuberculosis, and what is more distressing to we doctors than to make a diagnosis after every layman in the community knows the patient is dying with tuberculosis. I will

admit it is easy to make a diagnosis when the unfortunate individual has all the cardinal symptoms save rigor mortis and cadaveric lividity. Honestly I believe were we to have a testimonial meeting at this time, the majority would say in the past that when a diagnosis was finally made they felt like shipping the patient to other climes to avoid making out the death certificate, so sure were they that death would shortly follow. It has been formerly so generally fatal that medical men have felt helpless before its ravages, but wasn't that on account of making the diagnosis so late we were rendered *hors de combat* so often, that we actually but unconsciously lost our nerve? Personally I am willing to go on record on that score.

Laymen generally are getting aroused and I firmly believe that by educating the masses we can accomplish much. Formerly it was the opinion of most people that tuberculosis meant death. Now if that idea can be replaced by one that it does not, we have a good lever by which much good may be accomplished. I recall a case I once treated that was so far advanced that there were hemorrhages and tubercular bacilli together with elastic tissue in the various samples of the sputum. I advised a trip to New Mexico or some other place. After spending 18 months away the victim returned very much improved in health and he and his family think I only lack  $\frac{1}{4}$  lb. of being an idiot, because he improved instead of dying. It really looked to me that they would have thought more of my judgment, as a physician if the patient had passed to the Great Beyond. But think as they may he still has tuberculosis and that he is not dead is not his fault. It certainly is our duty brother practitioners to investigate all new signs, symptoms, etc. and see if by the secrets of our art we cannot make an early diagnosis and there by be the better enabled to display knowledge to the honor and glory of our profession and to the everlasting benefit of our patients and I hope afflicted patients will receive such information with equal profit to themselves and honor to our fraternity. It is my purpose in this paper to take up the early diagnosis of pulmonary tuberculosis from the standpoint of the general country practitioner, the doctor who sees all kinds of cases and in all stages. It is absolutely necessary for us first to get the complete family history not that we believe in hereditary tuberculosis, but that we wish to note the hereditary predisposition and furthermore the chance for direct infection.

I will now take up what appears to me to be the most important early symptoms. Perhaps the early tired feeling is about the first symptom. The patient not having ambition to do any work,

not even caring for sports. This is manifested very often in the robust looking patients. A patient complaining of fatigue should undergo a thorough physical examination for signs of beginning tuberculosis. About the only disease that has this early lassitude is neurasthenia, which is eliminated usually by examining the reflexes. In neurasthenia they are exaggerated, while they remain normal in tuberculosis. A tubercular subject very often suffers early mental as well as physical fatigue, life often being burdensome.

Fever is often but not necessarily always present. The temperature should be taken at least twice a day, some good writers say much more frequent. It may only show from  $\frac{1}{2}$  to  $1^{\circ}$  rise. It being usually low in chronic cases and may run high in the acute forms simulating typhoid fever. At this time there is the usual flush of cheeks. This flush is very prominent and is known by most laymen. The spot is often well defined and usually occurs on each cheek. A subnormal temperature in the morning and only a  $\frac{1}{2}$  degree rise must be taken into consideration. Another very important matter is the progressive loss of weight. The loss is probably due to the tubercular toxins acting on the nervous system. The appetite is directly affected and thus lost early. Periodic careful weighing should be practiced. A steady decline nothing danger. Night sweats are not always present, but for all that are fairly constant. Being present more often than in any other disease. The disease being progressive, the sweats become more frequent and more profuse. Early there is no change in the blood, later anemia becomes pronounced. The pulse is rapid and of a low tension, to some appearing almost characteristic. All rapid pulses should be noted and a cause found if possible. One symptom not to be overlooked, that of cough, the most frequent and as a rule the most constant symptom. Some times it exists for months without attracting attention. We should bear this in mind, any cough provoked by a deep breath or by lying down should be looked upon with suspicion. Early it is short, dry and of a hacking variety. Hoarseness and a disposition to take cold often accompanies or precedes the cough. If the point of infection be near a bronchus the cough is worse, thus you see the severity of the cough does not show the gravity of the case for a large area away from a bronchus might cause a very little cough and may in some cases produce no cough at all, while a small cavity encroaching upon a bronchus might cause severe paroxysms of coughing. Usually there is an increased number of respirations. Hemoptysis is a very important symptom existing in fully 60% of the cases. It is con-

sidered as very important by life insurance companies. The blood is very red, frothy and mixed with mucus. If it has remained any length of time in a cavity it gets very dark, even black. Pain in the chest is a fairly constant symptom, but is of little importance in making a definite diagnosis of tuberculosis. The pain is usually due to a pleurisy. Dyspnoea is often present and is quite constant. With all or a part of the foregoing general symptoms present we should make a thorough physical examination of the patient. The early morning being the best time for such an examination. The patient should be stripped to the waist. First one should note the shape of the chest. Tubercular chests maybe flat or round but usually they have wide intercostal spaces; winged scapulae and are very narrow. The costal cartilages often prominent and the sternum greatly depressed. By observation one can note the amount of expansion by requiring the patient to take a long breath. Deficiency on one side is very suggestive of tubercular infection. By placing the fingers in the intercostal spaces and requiring the patient to say 99 we can note the amount of vocal fremitus, bearing in mind of course the fact that the fremitus is more intense on the right side normally. If a pleurisy be present it is less, if a cavity it is greater. The increased vocal fremitus is of some importance and should always be elicited. In early tubercular infection there is a defective resonance on percussion. Over a consolidation the percussion note is higher pitched, but over cavities more of a cracked pot resonance. One of our best means of making a diagnosis is by auscultation. During the examination the patient should breath carefully through the mouth. One should make a careful examination before asking for deep breathing. A prolonged high pitched expiratory sound is in my opinion very significant. The sound is due probably to constriction of the bronchi. Every portion of lung both anteriorly, posteriorly and laterally should be thoroughly and carefully examined. In beginning tuberculosis there are no rales. The case is advanced when the clicking or crackling rales begin. The rales later become more gurgling. In children and the physically weak and thin people there are harsh sounds called puerile or harsh breathing. These sounds have no significance and must be eliminated before making a diagnosis. The mucus click appears in advanced cases, and the coarse bubbling rales indicates large cavities. These signs are present too late to do much for the patient as a rule and I fear if we do not get hold of the case before these symptoms are manifested we will be apt to soon send that patient to a place 6 feet due east and west and 6 feet perpendicular. In some form



of heart diseases there is a congestion of the bronchi with rales that closely simulate tubercular rales and I have even seen blood stained sputum from the same cause. This is often somewhat confusing and may lead to error, but a careful examination of the heart will probably point to what the rales are due. Some work has been done with the X Ray regarding a diagnosis. A consolidated area or a cavity may be detected, but I doubt of its being of much use save perhaps to confirm a diagnosis of a cavity or consolidation that has been detected by other means. The sputum is usually glairy and contains elastic tissue and cheesy deposits. These usually contain the bacilli. I believe the physical appearance of the sputum is of very little importance, however. Finding the bacilli alone is not a positive proof of tuberculosis unless they are found on re-examination together with elastic fibrous tissue. Neither is failure to find them proof of a non-tuberculous lesion for the technique may be faulty or the bacilli may not be present in all specimens. With the usual physical findings present a discovery of the tubercular bacilli is positive proof, but we must bear this in mind that we may find germs accidentally present; therefore repeated examinations must be made. Smegma bacilli and some acid fast bacilli form follicular crypts, etc. may simulate tubercular bacilli. These usually do not resist decoloring with alcohol to the extent that the tubercular bacilli do. Of late much is said about tuberculin as a diagnostic agent. Personally I have not made any tests, but from the literature I note fairly constant results. It is not absolutely positive of course but sufficiently so to make it much talked about. Other diseases give the reaction and must be eliminated. The conjunctival test is quite uncertain, but there is good grounds for believing that ere long a more sure sign of early tuberculosis will be discovered and we will not have to wait until hope is gone before saying positively this is a case of tuberculosis. When that day comes there will be joy in our profession and satisfaction to our clientele. Until that time comes we must be alert and look with suspicion upon any case with a slight cough, a general weakness especially if accompanied with a loss of flesh, hoarseness a rapid pulse and a little fever. It's better to err on the right side and I think all suspicious cases should be treated like the real thing. "An ounce of prevention is worth a pound of cure" especially in tuberculosis and much can be done to prolong life and thus delay "shuffling off this mortal coil." We physicians then must be mindful of our duty to ourselves and the public and whether or not our efforts be appreciated, be ready to lift up our hands and point out the way to prevent this dreadful dis-

ease and failing in this, lend a hand to cure tuberculosis when it attacks any of our patients. 'This is why I plead for an early diagnosis. 'Taken in time it can be cured, but if not we might just as well try to stop a lightning express by blowing against it. 'This is my candid opinion and I hope a lively discussion follows, for discussions are the best part of our work here.

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**Calcium Salts In Epilepsy.**—A. P. Ohlmacher, Detroit (Journal A. M. A., August 14), has hitherto refrained from publishing his remarkable success following his first trial of the calcium salts in epilepsy, but now since Littlejohn (Lancet, May 15, 1909, p. 1382) has reported results with the same agent, he wishes to supplement it with his case. It was a child four years and four months old, with no heredity of epilepsy, in whom the disease had begun and continued from a month after his third birthday. When first seen he was having from 34 to 73 attacks a month and his mental growth had apparently stopped. The grand mal attacks as seen by Ohlmacher were very severe but never became the typical full status epilepticus. The child had frequent nosebleed following these attacks and its nurse asserted that she could detect the odor of blood on the breath during convulsions and prior to the appearance of actual hemorrhage. At the time Ohlmacher had been working on therapeutic immunization where the problem of blood coagulability presented itself, and he had employed Wright's method of measuring the time of blood coagulation and of using calcium salts to fortify a defective coagulability. Accordingly, when his attention was called to the hemorrhages, he made a blood clotting test and finding that it was slow in clotting, he began giving calcium lactate in doses of seven to ten grains dissolved in hot water and added to the milk three times a day. This medication has been continued from this first beginning on June 2, 1907, with no change, except occasionally reducing to one or two doses daily, to the present time. The coagulation time was soon reduced to normal and since the cessation of the epilepsy, three months after commencing the calcium lactate, the child has had occasionally nasal hemorrhages apparently related to periods of lowered coagulability. At the time he began the medicine McCallum's observation on calcium metabolism as related to parathyroid intoxication and to tetany had not been published nor had Carle's paper on calcium chlorid in therapeutics appeared. Incomplete observations on several additional cases similarly treated tend to confirm the favorable results with the first case.

# THE JOURNAL OF THE Kansas Medical Society.

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**JAMES W. MAY,** - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

Again the attention of the county secretaries is called to the fact that this Journal wants the medical news of the counties you represent. Wake up and let us boom your county society and let the state at large know that you really exist.

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The fact presents itself that when one's time to depart from this mortal sphere comes, wealth, position or affluence can influence the end not a whit. This thought is brought forward by the death of E. H. Harriman, one of the world's greatest financiers. It should also bring us to realize how infinitesimal is the little spot that we occupy and how quickly it can be filled in the nation's economy. It seems that, sad as the partings may be, it is a necessity for us to realize the position we occupy. It, therefore, behooves us to get as much and give as much as is possible in our little way before the call is sounded.

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**Sterility** in both male and female results after a few rayings of the testes and ovaries respectively. Many x-ray workers, upon examination, have found the spermatic fluid to contain no spermatazoa or if present they showed evidences of degeneration. The duration or permanency of this sterility is not yet determined.

Van Allen has reported seven cases treated for prostatic trouble, and in every case receiving fifteen or more exposures over the perineum, the spermatic fluid under the microscope showed a condition of azoospermia. There was no diminution of sexual desire nor of power to complete the act, but there was continued absence of spermatazoa one year after treatments had ceased. None of the various forms of electrical treatments should be administered by other than a regularly licensed physician, and the criminal responsibility that may attach to the indiscriminate use of the x-ray by disreputable men outside of the profession should prod our legislators to prompt action.—Allbrights Office Practitioners.

This thought presented itself: that if sterilization is permanent from exposure to x-ray a few times then where the law is in effect in regard to sterilization of criminals why would not this be the ideal method. There would be absolutely no mutilation or pain and no operation of which so many people abhor the thoughts.

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The Miami County Medical Society at its meeting on Aug. 18th, invited the members of the Miami County Teachers Institute to meet with them. A program was arranged for their benefit.

Dr. L. L. Uhls read a paper on "Hereditry", Dr. L. R. Sellers had a paper on "Our Friends and Foes in the Bacterial World", Dr. Van Nuys had a paper on "Tuberculosis; cause, prevention."

Those papers were so favorably received by the teachers of Miami County, that they were all favorable to making the subject of those papers a "Course of Study" in the Institute.

There is no way that the Medical Profession can reach the laity so well as through the teachers of the state. If the County Societies would so time their meetings, or select some member of the County Society to read some paper on a good live subject, before the County Teachers Association and County Institute, it would bring this matter before the people in such a way that they would at once have their help and co-operation.

The Journal will in the future, do all that it can to bring about a more intimate and better relation between the Medical Profession and the laity.

C. S. H.

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### BENZOATE HELD HARMLESS.

**The Denver Food Convention Approved Its Use as a Preservative.**  
Denver, Col., Aug. 26.—President Roosevelt's famous Remsen



"referee board of consulting scientific experts" was indorsed by the convention of the Association of State and National Food and Dairy Departments today. After a fight in which the term "medicated garbage" was used, the association approved of the use of benzoate of soda as a food preservative.

The debate began following addresses by Dr. Ira Remsen of Baltimore Md; Dr. Russell H. Chittenden of New Haven, Conn; Dr. John H. Long of Evanston, Ill. and Dr. Christian H. Herter of New York City, who, as members of the referee board, told how their experiments had been made upon "eighteen healthy young men" at Chicago, New York and New Haven, which brought them to the conclusion that the chemical, when administered in small quantities in the daily diet, was harmless.—News Item, K. C. Star.

It seems that even though benzoate of soda when ingested in small quantities is harmless still it would have been far better to condemn its use as it allows the manufacturers to use inferior food stuffs for canning. Since it has been proven that good "healthy" fruit and vegetables needs no preservatives it would seem that the government if it wished to protect the consumer it would prohibit the use absolutely of benzoate of soda.

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### THE COUNTY SOCIETY.

Now that the hot months have gone, and the men who can afford a vacation are with us again, in the flesh if not in the spirit, it is time that we should each of us have a thought about our County Society and take stock of its prospects for the immediate future. This task should not be left exclusively to the president or secretary, though much depends on them, of course. The reason so much has depended on them in the past is that so little responsibility has been felt by the individual members for the welfare of the society. An active, working society cannot consist of a president and secretary alone, however essential they may be and however faithful and diligent. There must be a live and faithful membership. The members need not be intellectual giants of great authority or wide renown to meet the qualifications essential to the society's success. In fact every county society would have gone long since to the bowwows if it had depended on this class of members for its survival. The men conspicuous by reputation are also usually conspicuous by their absence from the meetings of the county society to which they belong. Where such members shine in all their glory is usually at the large society meetings away from home, where they can be seen and heard to their own best advantage, and not in the workaday meetings where only a few

are gathered together. A rather extended observation of the habits of these great men leads us to the conclusion that eminence in the profession and loyalty to its unit. organization are in inverse ratio.

But leaving out of consideration the great, the near-great and the would-be-great, from whom little is to be expected, anyone who studies the situation seriously cannot have failed to note that there is a wide-spread apathy and indifference to the organized interests of our profession manifested in the county societies. The individual members have, too many of them, become self-centered, disinterested in the common good of the professional body politic, and only willing to identify themselves with aggregations of their fellows when there is prospect of an immediate dividend on the invested energy.

This apathy is not only shown by an absence of many of the members from the meetings, but it is also exhibited too frequently by those who attend. Outside of the impromptu and too often unpremeditated participation of the members in the discussion of the papers presented, there is not allowed to come before the society anything looking toward an improvement in the laws and customs bearing on the welfare of our profession and of the people. A suggestion for any needed reform, any needed action toward the suppression of quackery, any proposed protection of the members against dead beats and other parasites, an indorsement of the campaign being waged by outsiders against quack nostrums.—any intimation along these lines is apt to be met with congealed silence, the snap of a watch-lid or a motion to adjourn.

The real object of a medical society, if we may be permitted to state it, should be not only to furnish a clinic or post-graduate course, or to enable a member to air his views on medical topics, but also, and rather, to take the semblance of a trade union or guild. We ought to do something to help ourselves in the administration of our offices to the community. We ought to take steps to impress people that we value our services, instead of continuing to allow people and city and nation to use us gratuitously and with derision, while they are at the same time holding the very name of our calling as a synonym for all that is inconsistent and inconstant.

If we only presented a united front on matters that so closely touch our professional interests, we could bring all the things to pass that we surely desire, if we are good citizens and true physicians. We ought to feel that we owe something to each other, and that it is selfish to stand apart, indifferent to the general good of the pro-

fession. Something should be sacrificed, if need be, to lend our personal presence and support to our local society. Men who can find time to go away for professional fellowship should not hold themselves too much aloof from that which offers itself at home. Sometimes unsuspected virtues are found in those who have been regarded as inhospitable and full of faults. Doubtless, if we would only come into close contact with our fellows a strong current of sympathy would be made to flow through the completed circuit, and a new energy would inspire us all to a higher regard for each other and for our noble calling.

The petty bickerings and animosities that have so long characterized our profession would thus be dissipated, and we would become a "united band of friends and brothers, among whom no contention should ever exist, but that noble contention, or rather emulation, of who best can work and best agree".

O. P. D.

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## NEWS NOTES

Dr. James Naismith of Lawrence, spent his vacation camping out.

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Dr. C. J. Simmons of Lawrence is recreating with his family in San Diego, Cal.

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Dr. G. W. Jones of Lawrence has just returned from a tour of the clinics in the east.

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Dr. Chas. S. Huffman, Sec'y. of the State Society, spent his vacation in Wisconsin.

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Dr. W. F. Fairbanks and wife of Kansas City, Kansas, spent their vacation in Ohio.

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Dr. R. C. Lowman of Kansas City, Kansas spent the "hay fever season" in Colorado.

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Dr. E. J. Blair of Lawrence, has just returned from Seattle and an itinerary through Canada.

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Dr. C. M. Stemen and Dr. P. D. Hughes with their families took a trip in their automobiles to Denver, Colo., in the month of August.

Dr. D. F. Stough, formerly of Parsons, Kansas, has located in Geary, Oklahoma.

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**Don't forget the North-east Kansas Medical Society meeting at Kansas City, Oct. 14th.**

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Dr. John C. Lardner has been appointed city physician of Chanute, vice Dr. Fred R. Hickey.

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**For Sale.** One new Butler rubber tired buggy, equipped with Rain-or-shine top. Address editor.

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Dr. J. A. Lamb, of St. Francis, Kansas has sold his practice and contemplates locating in Kansas City, Mo.

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Dr. Henry M. Stewart of Hutchinson, has won a suit in which he was sued for \$5,000 damages for malpractice.

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Dr. V. V. Adamson, of Holton, has been elected assistant surgeon of the Fort Dodge (Iowa) Soldiers Home.

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Dr. Alexander B. Jeffrey, Topeka, Kansas is prepared to administer the Pasteur treatment for the prevention of rabies.

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Dr. W. C. Palmer of Kansas City, Mo., has been appointed superintendent and physician in charge of the hospital at Hiawatha.

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**College Wants Medical Department.**—Midland College, Atchison it is announced, will open a medical department by affiliating with Ensworth Medical College of St. Joseph, Mo.

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**Wanted.**—By a qualified physician and surgeon of 12 years experience with best of reference a partnership or to associate with a surgeon or general practitioner. Address, A. B. care Journal.

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**A Sanitarium for Alcoholic and Drug Patients.**—Dr. Givens' Sanitarium for nervous and mental disease at Stamford, Conn., has a separate department for alcoholic and drug patients and the Statute of Connecticut permits such patients to voluntarily commit themselves for a period not exceeding one year. The regular systematic life under medical supervision is excellent.

Write Dr. Givens, Stamford, Conn., for particulars.



Dr. B. H. Leslie of Lawrence is temporarily out of practice because of sickness but he is slowly improving.

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Dr. J. E. Sawtell of Kansas City, Kansas spent his vacation in the Northwest, visiting the Alaska-Yukon Exposition and points of interest in Canada.

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Dr. E. R. Keith of Lawrence recently bought the fourth automobile in five years. He is the local champion in reducing a machine to scrap iron."

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Dr. George H. Hoxie, Dean of the Clinical Department of the School of Medicine of the University of Kansas, spent the month of August in Estes Park, Colorado.

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Dr. M. A. Barber, professor of Bacteriology and Pathology in the University of Kansas, is spending his vacation at John Hopkins Hospital. He plans to return about the middle of September.

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More than enough money was contributed to meet the needs of the committee in charge of the fund to pay for the home of the widow and children of the late Major Carroll. The total was \$8,237.31.

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Dr. C. Z. Wiley, formerly of Kansas City, Kansas, but now of Tulsa, Okla. stopped in Kansas City, on his way home from Philadelphia, where he had just finished a course in surgery under Dr. John B. Deaver.

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Dr. J. F. Binnie, head of the department of surgery in the University of Kansas, has been in London for several weeks and expects to sail for New York City on September 8. Mrs. Binnie accompanies him.

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Dr. M. T. Sudler, Dean of the Scientific Department of the School of Medicine of the University of Kansas, has spent his vacation at his home in Westover, Maryland, and will return in time to take up his school work.

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Dr. G. Wilse Robinson has been appointed superintendent of the new general hospital in Kansas City, Mo. Dr. J. Park Neal has been re-appointed house surgeon. The salary of the former is \$3,600 and of the latter \$2,400.

The faculty of the medical school of the University of Kansas is planning to give some excellent work to the alumni and visiting physicians during the proposed "review week," beginning September 13. Social features have not been entirely overlooked, nor pains spared to make the affair well worth the while of the physician attending.

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**Chinese Surgery.**—Medical missionaries in China say that the natives will bear without flinching a degree of pain from which the stoutest of us would shrink in terror. A woman in Shao-wu, afflicted with a ulcer of the leg, was treated by a native "doctor." One day he came to the mission hospital to show the physician in charge a "string" which he calmly announced he had pulled from the wound. It was the sciatic nerve! To people suffering from such barbarous methods, and to whom anesthetics are unknown, the merciful methods of foreign doctors in the mission hospitals seem like miracles.—Journal A. M. A.

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We have recently received a monthly bulletin of one of the county medical societies in Iowa, which we think is worthy of imitation by other county societies. The bulletin is a three-page folder of pocket size, on ordinary book paper, and, in addition to giving the names of the officers, announcement of society meetings and list of papers to be presented at various meetings, it also contains various news items concerning marriages, deaths, removals, etc., and some editorial comments on the work of the organization and medical affairs in the county. The Bulletin is really a miniature journal, printed at small expense, and worthy of imitation by any county society.—Indiana State Medical Journal.

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Dr. Clarence B. Francisco, class of 1907 of the University of Kansas has just returned from the east where he has spent over two years, doing work as interne at the Hospital for the Ruptured and Crippled, New York City, and special work in the orthopedic department of Carney Hospital in Boston. Dr. Francisco expects to return to Kansas City, after a short stay at his home in Lawrence, and locate here, making a specialty of orthopedia. Dr. Francisco commanded the respect and liking of his associates and instructors in his school work, and we are confident that he will attain success in this special work for which he is well-fitted and well-trained.

### **The Kansas Tuberculosis Exhibit.**

On August 23 the tuberculosis exhibit of the State Board of Health was first opened to the public at Holton.

The Board and the public in general are to be congratulated in securing the services of Dr. S. C. Emley as lecturer and field manager of the exhibit. Doctor Emley holds the position of professor of pathology in the University School of Medicine at Lawrence and is particularly well fitted for the work of a two-years educational campaign along the lines of preventable diseases, especially tuberculosis, which has been inaugurated by the State Board of Health. Two assistants accompany Doctor Emley—one a trained nurse of large experience, who, it is designed, shall visit tuberculous cases, with the knowledge and consent of the attending physician, to instruct such cases and the householder as to the proper use of the prophylactic supplies furnished by the department of health and give such other instructions as may safeguard the patient's family and immediate community.

The instructions given at the exhibit are largely to those who are uninfected—to the well; the instructions given by the visiting nurse are mainly to those who are infected—the sick; and thus it is thought that the entire field might be properly covered. The other assistants act in the capacity of an advance agent, to have charge of the advertising and arrangements for the exhibition.

The itinerary for the months of August and September is as follows: Holton, August 23, 24 and 25; Horton, August 26, 27 and 28; Troy, August 30 and 31; Atchison, September 1 to 4, inclusive; Valley Falls, September 7 and 8; Oskaloosa, September 10 and 11; Leavenworth, September 14 to 18, inclusive; Tonganoxie, September 20 and 21; Seneca, September 23, 24 and 25; Hiawatha, September 28, 29 and 30.—Bulletin State Board of Health.

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### **SOCIETY NOTES.**

The Wyandotte County Medical Society will take up its work after the summer vacation Oct. 4th.

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The South-west Medical Association meets at San Antonio, Texas, Nov. 9-11, 1909. Dr. Welch of Baltimore, President of the A. M. A. and Dr. W. L. Rodman of Philadelphia who will deliver the address on surgery will be the guests of honor.

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"Exophthalmic Goitre" and "The Para-thyroid Glands," will be the special topics in the symposium of the Medical and Surgical

Sections of the Mississippi Valley Medical Association at St. Louis, October 12, 13, 14. The meeting will be at the Southern Hotel.

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**Election.**—At a meeting of the Jefferson County Medical Association held in Valley Falls, June 30, the following officers were elected: president, Albert D. Lowry, Valley Falls; secretary and treasurer, Frederick P. Mann, Valley Falls; censors, Drs. Edgar C. Rankin, McLouth, and Millard F. Marks, Valley Falls, and delegate to the state association, Dr. David D. Wilson, Nortonville.

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**The Medical Society of the Missouri Valley.**—The annual meeting of this society will be held in Council Bluffs, Iowa, on Thursday and Friday, September 9th and 10th. The scientific programme is already assuming attractive proportions, and it is evident that those who attend will enjoy another successful meeting. On Thursday evening three interesting addresses will be delivered, as follows: The presidential address, by Dr. C. B. Hardin, of Kansas City; the address in medicine by Dr. Alfred C. Croftan, of Chicago; an address by Dr. John S. Summers, of Omaha, Neb., on Cancer a Constitutional Disease: Its Rational Treatments. The local arrangements are in the hands of a committee appointed by the local county society, with Dr. V. L. Treynor as chairman. Further information and complete programmes may be obtained by applying to Dr. Charles Wood Fassett, St. Joseph, Mo.

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#### THE NORTH-EAST KANSAS MEDICAL SOCIETY.

The program for the Kansas City meeting which will occur on Oct. 14 is well under way and it will have more than the usual interest. The following are now prepared and there are others who will be placed on the program later:

“Aortic Aneurysms”—Dr. S. A. Johnson, Topeka; Female Weakness—Dr. E. T. Shelley, Atchison; Muscular Atrophy—Dr. W. W. Yates, Topeka; Placenta Pravaria—Dr. J. D. Walthal, Paola; Cleft Palate—Dr. G. W. Jones, Lawrence; Mental Derangements After Infectious Diseases—Dr. H. L. Chambers, Lawrence; Some Interesting Cases—Dr. R. C. Lowman, Kansas City, Kansas.

Drs. W. E. McVey and F. J. Ernest of Topeka Dr. C. C. Goddard, Leavenworth, C. S. Hoffman, Columbus, will also read papers.

The society will be entertained by the Wyandotte County Medical Society and the meeting will probably be held at the Grund Hotel.



**The Mississippi Valley Medical Association.**—The thirty-fifth annual meeting of this association, which will be held in St. Louis, Mo., on October 12th, 13th, and 14th, gives promise of being a great success. An unusually large attendance is expected, and the local committees, under the direction of Dr. Louis H. Behrens, are making elaborate preparations for the entertainment of the visitors. The scientific programme is being arranged, and already many papers have been promised by men who are authorities in the various branches of medicine. The oration in medicine will be delivered by Dr. Sherman G. Bonney, of Denver, and the oration in surgery by Dr. John B. Deaver, of Philadelphia. One morning of the meeting will be devoted to a "symposium" on exophthalmic goitre. There will be the usual scientific exhibit. The meeting follows "Centennial Week" at St. Louis, and the local committees have found it possible to have some of the attractions of that week continued for the benefit of those who attend the meeting of the association. All the sessions will be held in the Southern Hotel, which has been chosen as headquarters, and the exhibit will also be held there. For further information regarding the meeting write to the chairman of the Press and Publicity Committee Dr. Thomas A. Hopkins, 310 Century Building, St. Louis, Mo. The officers of the association are: President Dr. J. A. Witherspoon, of Nashville, Tenn; first vice-president, Dr. Louis Frank, of Louisville, Ky; second vice-president, Dr. Albert E. Sterne, of Indianapolis, Ind; secretary, Dr. Henry Enos Tuley, of Louisville, Ky; treasurer, Dr. S. C. Stanton, of Chicago, Ill; Chairman of Committee on Arrangements, Dr. Louis Behrens, of St. Louis, Mo.

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## COMMUNICATIONS.

Kansas City, Kansas, Aug. 16, 1909\*

To The Journal of the Kansas Medical Society:

In reply to the query in August number of our Journal, "What's the Matter with Kansas?" permit me to make reply that Kansas is all right, and that possibly a good cause exists for the decrease in membership in our state society and a shortage in membership in the A. M. A.

What does membership in the A. M. A. confer? Nothing more than given by the state society. Does the A. M. A. really help the great majority of practicing physicians by its highly scientific articles or the fraternity extended? Does it confer upon its member the right to practice in any state in the union without submitting to the inconvenience and expense of passing a

medical examination before a "state board?" Does it extend membership without forcing a publication not always desired—especially if two members of a family happen to be practicing physicians? No! Do the articles in the Journal A. M. A. help the old general practitioner in rural districts (who ranks among our most successful doctors) or the recent graduates struggling with ailments which often fail to tally with text book record or clinical pictures with which they are familiar? No! Does membership in the A. M. A. confer any practical benefits upon the doctor who is unable to attend her meeting? If so, I have never discovered the blessings.

Our great and good Kansas Society officered by capable men meets every requirement of social and medical life and deserves to prosper. It does seem that a policy of "broader brotherhood of the medical profession" would add members to the Kansas Society, and incidentally to the A. M. A.

M. M. B.

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### THE PRESENT STATUS OF GYNECOLOGICAL PRACTICE.

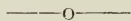
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Dr. FRANCIS A. HARPER, Pittsburg, Kans.

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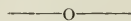
Like the poor, which we always have in our midst, so it is with the varied and various diseased conditions peculiar to women. These conditions, no matter how slight, should each receive proper and careful attention from the physician. Yet, there is no class of diseases which receive so little thought and attention, in which such bungling diagnoses are made, in which so much "guessing" is done, as in this great class of diseases. It has come to be a sort of fad with some to treat all these diseases as operative, when proper diagnosis and treatment would cure nine-tenths of the suffering women today. Why is it that so many women are advised to "be operated upon," without even the formality of a preliminary examination? Why is it that so many diagnoses are wholly at variance with the real conditions existing? Is it ignorance or carelessness? More practical work along these lines should be given in our medical colleges,—else how is the practitioner to learn them? Too much stress is laid upon strictly surgical gynecology, to the almost total exclusion of medical gynecology, when probably ninety per cent of the cases we meet in our daily practice are purely non-surgical. The legitimate practice of Medical Gynecology could be made one of the largest and most lucrative specialties in the medical field today. Why is it that so many simply "dabble" in it, and so few made any special success of it?

Do we take the experience and advice of those who are admitted failures in any line of work as sufficient evidence that success cannot be attained along that special line? It would almost seem so,—especially if we are to judge from the present status of gynecological practice.

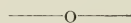


## CLINICAL NOTES

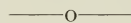
The sulphite of soda in a saturated solution will be found very useful in some cases of eczema of the face and hands.—Ellingwoods Therapeutist.



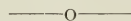
To differentiate a tender spot from a simulated pain, it will often be observed that pressure on the former causes a decided increase of pulse rate. While in simulation it does not.—W. —American Journal Surgery.



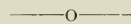
Judgment must be used in employing the iodides to diagnose syphilis as many other conditions are improved by this treatment, notably actinomycosis, chronic rheumatoid deposits and chronic lymphadenitis.—American Journal Surgery.



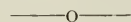
It is not considered good practice to destroy essential parts of the skin or of the genito-urinary system in an effort to convert a chronic process into an acute one. Some patients object to such a mode of treatment.—American Journal of Dermatology.



Remember that a syphilitic mucous patch comes quickly, not slowly; it is soft, not indurated; it remains but a short time, not persistently; it is preceded or followed by other mucous patches, and it is apt to be associated with other signs of syphilis.—American Journal Surgery.



In those patients who have an obscure symptomless fever it is well to make a urinary examination. It is not unusual to find that the cause of this fever may be a pyelitis or a pyelo-nephritis, both of which are of sufficient importance to demand extra care and attention.—American Journal of Dermatology.



The fact that a fish-bone imbedded in the pharynx cannot be seen on careful inspection does not by any means prove that it is no longer there. Occasionally an examination with the finger after the parts have been anesthetized enables one to detect its

presence, and using the finger as a guide it may then be removed with forceps.—International Journal Surgery.

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In cases of poisoning with caustics there is always danger, apart from perforation by the stomach tube, that the introduction of large quantities of water may cause rupture of the damaged gastric wall. Hence only a few ounces of fluid should be introduced at a time, and these under low pressure.—International Journal Surgery.

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SUDDEN DEATH IN SCARLET FEVER.—A. Gouget and Dechaux (*Presse Med.*, February 24, 1909) say that unexpected death may occur at any period of scarlet fever, in adults as well as in children. It may occur after a sudden onset, with vomiting and convulsions, before there is any sore throat and before the eruption has had time to appear. Diagnosis is very difficult in these cases unless they occur in the middle of an epidemic. In the midst of perfect health convulsions may end in death after a few hours. In other cases the fever takes its regular course and the only disquieting symptom which precedes sudden death is a very rapid, thready pulse. Sudden pulse in the nephritic period of the disease is quite frequent. Autopsy does not help in explaining these cases, since nothing is found postmortem to account for the death. There are several theories as to its causation: that the poison overwhelms the nervous system or the heart or that there is some lesion of the suprarenal capsules. As to the last-mentioned theory, we have no corroborating evidence, since these structures have rarely been examined in scarlet fever. As yet we have no certain explanation of these cases and no method of preventing them.—American Journal of Obstetrics.

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Drs. Jay F. Schanberg and Joseph Goldberger (*Phila. Med. Jour.*) have not long since demonstrated a disease "straw bed itch" an urticarioid dermatitis. They have demonstrated that the disease is caused by a micro-organism which infects the straw from which mattresses are made. This micro-organism has not been fully identified or named but it is said to be closely allied to the periculosis ventricosis. The disease is characterized by an eruption, consisting of wheals, nearly all of which are surmounted by a central vesicle which very rapidly acquires turbid and later pustular contents. They are more or less profuse and usually extend over the neck, chest, abdomen, and back, and in a lesser degree over the arms and thighs, the hands and feet being comparatively free.



The eruption is accompanied by intolerable itching which for obvious reasons is worse at night. The treatment is of course prophylactic by exposing the mattress to sulphur fumes, or formaldehyde vapor. For the relief of itching of the cutaneous condition they suggest:

R	Betanaphthol.....	grs.	xxx
	Sulphur praecip. ....		31.
	Adipis benzoat .....		31.

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**Prevention of Shock and Sepsis.**—Dr. F. F. Lawrence (Ohio Med. Jour., May 15, 1909) presents the following suggestions on this subject: Study carefully the patient as well as his surgical pathology. Second, avoid unnecessarily large incision, because the larger incision increases the amount of handling the parts, increases the shock, increases traumatism of tissue and favors infection. Third, avoid the use of retractors so far as possible because they bruise the tissues and thus favor the introduction of bacteria. Fourth, minimize assistance because of difficulty in controlling the acts of assistants and the increased handling of articles used, as well as the structures in the field of operations. Fifth, avoid as only evil, all chemical antiseptics, because if used strong enough and long enough to destroy pathogenic bacteria they will destroy the defender of the body, the blood cells, thus creating a culture medium for bacteria in the tissues to which applied.—International Journal Surgery.

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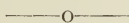
**Pellagra**, a disease occurring in Italy, Southern France and Spain, and attributed to the use of diseased maize, hitherto unknown in this country, has recently gained a foothold in the Southern States and is reported to be on the increase.

It is characterized in the early stages by debility, spinal pains and digestive disturbances; later erythema develops, with drying and exfoliation of the skin. In severe cases various mental manifestations arise, such as spasms, ataxic paraplegia and mental disturbances. In cases presenting ataxic paraplegia the spinal cord has shown combined posterior and lateral sclerosis. The patient at first feels unfit for work, suffers from headache, giddiness and a burning of the skin, associated occasionally with a red or livid rash, which is very painful. The patient's condition improves during the winter months, but as soon as spring reappears the symptoms become exaggerated, the nervous system suffers a breakdown, and as the disease progresses the patient passes into

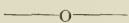
a state of hopeless insanity or imbecility. The disease is more prevalent in the spring, decreasing as fall comes on.


A commission from the United States Department of Agriculture is at present in Italy for the purpose of discovering the cause and means of preventing the disease.

Apropos the presence of pellagra in the South and with our close relationship, commercially and socially, with that section, it may not be inadvertent to note that Thayer (John Hopkins Bulletin, July, 1909) reports the occurrence of two cases in Maryland.—Maryland Medical Journal.

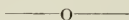


One of the important points in anesthesia, which is not infrequently forgotten, is to determine before its induction whether the patient can breathe freely through his nostrils. Nasal obstruction will prove more or less of a barrier to efficient anesthetization, and under these circumstances it may be advisable to let the patient inhale the anesthetic by way of the mouth, this being facilitated by placing a prop between the teeth.—American Medicine.



 **THE USE OF THE X-RAYS.**—A. L. Gray, Richmond, Va. (Journal A. M. A., May 1), starting with the self-evident proposition that with the proper potency of a therapeutic agent to cure a disease, and its administration in proper dosage such cure will be assured, reviews the history of the therapeutic use of the x-rays, showing how its usage has been modified with our better knowledge of the agent and the conditions to which it can be applied. We have learned that the pathologic conditions involving the epithelial structures can be influenced by the x-rays when sufficiently superficial to be reached by those which are active. Fibrous growths and lesions in which fibrous tissue involvement is largely present are very slightly affected unless the treatment is pushed to the point of actual burning or cautery. He believes that a satisfactory unit of quantity by which the x-ray can be measured will soon be obtained. Every apparatus is a law to itself and there is no fixed rule that applies to all, but an operator can so study his instrument as to learn to a large extent its therapeutic capacities. From the facts now known he deduces the following conclusions: "First, malignant disease, while yet local, may be treated with the assurance of good results, provided the lesion is on the skin or very near the surface, and the age of the patient or condition of the general health is not such as to render the reparative powers too low. The treatment of deep-seated primary cancers should never be undertaken except in inoperable cases, or when the patient will not

consent to surgical procedure. In these cases, it is best to remove the disease parts as radically as possible, and, if practicable, leave the wound open to be treated by the Roentgen method, and if necessary, resort to a second plastic operation to close it. Second, such skin diseases as involve the epithelial and glandular structure are more or less amenable to treatment. Those involving the fibrous tissue of the corium respond with great difficulty, or not at all. Third: glandular enlargements, so long as they are due to gland-cell hyperplasia, will be greatly benefitted by x-ray treatment; when the hyperplasia involves the connective tissue element, very little result will ensue.



**Colles Fracture.**—Swett, in the New York Medical Journal, concludes as follows:

1. Typical Colles' fracture presents an antero-posterior and lateral deformity of the lower end of the radius with impaction of the upper into the lower fragment.

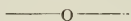
2. In severe cases this is complicated by fracture of the ulnar styloid and injury of the ligaments and cartilage.

3. Treatment demands efficient reduction of the bony fragments in the beginning. For this an anesthetic is desirable, because impaction must be broken up to avoid lateral deformity and widening of the wrist.

4. Restoration of the functional and anatomical integrity of the wrist demands immobilization till the bone is united. This period is three to five weeks.

5. Protection of the joints must be continued till healing is completed and all of the original traumatic inflammation has subsided. This period is six to eight weeks when the ligaments are injured and eight to ten weeks when the cartilage is injured.

6. Gradual return to use favors a perfect result and avoids unnecessary complications and sequelæ.—Medical Standard.



### THE PREVENTION OF DIABETIC COMA.

The Journal de médecine de Paris presents in its issue for July 17th an abstract of an article on this subject by Professor Albert Robin, published in the Bulletin General de Therapeutique. When, says Robin, a diabetic if losing flesh and appetite, finds his muscular strength enfeebled, has imperfect digestion, shows cerebral or nervous excitement or depression and the odor of acetone in the breath, and has trouble with his breathing, no matter how slight, with Gerhardt's reaction of the urine, look upon him as on the verge of diabetic coma and make haste to adopt preventive measures.

Stop the antidiabetic diet immediately and entirely; do not bother about the glycosuria; order an absolute diet of skimmed milk, to avoid the action of fatty bodies. This milk diet is for the purpose of nourishing the patient generously, and the quantity of milk should exceed three quarts a day. It serves also to increase slightly the alkalinity of the bodily fluids and cause copious diuresis. Put the patient to bed, and maintain as complete physical and mental repose as possible. Take good care of the stomach, guarding especially against gastric fermentation. For the latter purpose use ammonium fluoride or the double iodide of bismuth and cinchonidine. Give enough of some alkali to neutralize the acid in the stomach.

If magnesia is administered, its laxative action should be moderated by the addition of bismuth subnitrate. Such laxative action is necessary because it is eliminative, but it should be kept within bounds. Open the emunctories, urinary, intestinal, pulmonary, and cutaneous. If magnesia does not act sufficiently as a cathartic, use Rochelle salt in addition.

The pulmonary exhalation will be favored by copious inhalations of oxygen. The skin may be stimulated by energetic frictions with a liniment containing tincture of cinchona, spirit of camphor, oil of cloves, and tincture of nux vomica. Sustain the nervous activity by daily hypodermic injections of pure sodium glycerophosphate, a twenty-five per cent solution. If the circulation flags, the pulse becoming soft and compressible without acceleration, it is best to resort to caffeine by the mouth or subcutaneously. If the pulse is very much accelerated and grows irregular, digitalin should be employed in cardiotonic doses.—New York Medical Journal.

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#### Blindness in Babies.

The knowledge that 28.69 per cent. of the blind in the schools for the blind in this country are blind because of sore eyes in the new-born, and the fact that this form of sore eyes is preventable, if ordinary cleanliness and care is observed, is the occasion for the appointment of a committee by the American Medical Association to confer with the State Boards of Health, in an effort to save the babies from the horrors of blindness.

The following circular has been sent to every physician in the state whose name and address we could obtain.

#### TO PREVENT BLINDNESS IN BABIES.

The average report of ten schools for the blind (in the United States), 1907, shows 28.69 per cent. were due to Ophthalmia Neonatorum.



Doctor Crede, in the Lying-in Hospital of Leipzig, reduced the percentage of Ophthalmia Neonatorum cases from 10.8 per cent. to less than 0.1 per cent. by using correct toilet and a solution of silver nitrate.

#### METHOD OF PROCEEDURE.

1. Keep the discharge of the mother out of the baby's eyes.
2. Wipe the eyes with absorbent cotton moistened in warm boiled water as soon as the head is born.
3. Burn the cotton used; the disease is infectious.
4. Do not include the eyes in the first general bath.
5. Drop into the eyes of the child as soon as it is born a (1%) one per cent. solution of silver nitrate.
6. Keep the eyes clean, using warm boiled water and sterile cotton.

Issued under the authority of committee appointed by American Medical Association in co-operation with the State Board of Health.

H. L. ALKIRE, M. D.,  
Committee: FRANCIS HARPER, M. D.,  
S. J. CRUMBINE, M. D., Secretary.  
Bulletin State Board of Health.

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#### A FEW THOUGHTS IN SURGERY.

DR. H. WILKINSON, Kansas City, Kansas.

It is astonishing after the first trial of a pair of modern axis-traction forceps in a difficult case of obstetrics how much easier they are on woman, child and operator than the ordinary forceps so generally used, as the Simpson or Elliott. The original Tarnier model is the basis of all patterns any of which are satisfactory but we prefer the Webster Milne-Murray modification. With these we need no other forceps as the traction rods can be easily removed and the forceps used as are the ordinary variety.

It is always a good plan to be sure a joint is dislocated before attempting drastic measures to reduce it. It would seem unreasonable to mistake a scapular coracoid process for a dislocated humeral head but this has been done to the writers knowledge.

It is remarkable how immense a fibroid tumor of the uterus may become and cause no symptoms and it is just as remarkable how nearly exsanguinated a patient may get from a tumorous uterus hardly palpable.

An old saying of Professor Etheridge of Rush, long since dead, is daily brought to mind by patients suffering with menstrual disorders, "when the works are in in order the clock will strike." How true this is.

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It seems to the writer that physicians and surgeons spending a few weeks in the larger cities for postgraduate work should spend the bulk of their time in the dissecting and postmortem rooms rather than in the large ampitheatre clinics. Operative technique is easy if one knows the anatomy and pathology of his case. The former can be learned from books and pictures the latter cannot.

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How ridiculous to procrastinate with an ordinary hydrocele by tapping, injections and other uncertain methods when the modern "bottle operation" is so simply, easily and painlessly performed and the cure so nearly certain. Unlike the old Volkmaff and other similar operations the patient is up and about in 4 days as a rule with wound healed and no pain or swelling. Cocaine is efficient in most cases.

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It is the easiest thing in the world to overlook a single or several small gallstones even with a perfect history and an open gallbladder in your hand. A thorough search with spoon and probe or finger should always be made before pronouncing gallbladder empty as it only takes one little stone to make a tremendous "belly-ache".

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It seems to me surgeons should spend more time perfecting themselves in some of the well known and standard operations which have proved themselves efficient rather than hunting up some new operation and arriving at the same result. For instance: of all the multitude of operations for inguinal hernia the Bassini is about the oldest, the simplest and with good technique gives as near perfect results as we can hope to get.

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After prolonged and exhausting labors and we have a good hold on a child with the forceps it is a great temptation to hurry up. This is radically wrong and barring some dire emergency we should prolong the extraction as much as possible by intermittent pulls and frequently loosening the forceps and maybe reapplying them. By these measures the head is more thoroughly moulded and fitted to the birth canal and injury to both parties greatly lessened. I am sure the hurrying and reckless pulling out of the shoulders is responsible for a large percentage of bad tears.

## THE DIET IN GASTRIC ULCER.

Reprint from the Therapeutic Gazette, August, 1909.

For many years it has been the practice of most medical men when called upon to carry out a plan of treatment for the relief of gastric ulcer, to follow the so-called starvation method, and to attempt to provide the body with food and liquid through the rectum. Although it was supposed that in many cases a certain amount of nourishment was absorbed when given by enema, investigations carried out during the last few years have proved pretty conclusively that little else than the salts and liquids of such an injection are taken up from the lower bowel, so that the patient during the time that she is deprived of food taken by the mouth really lived largely upon her own tissues. Comparatively recently Lenhartz has advocated very vigorously a plan of treatment which consists in mouth feeding, asserting among other reasons for this plan that by the adequate nourishment of the patient vitality is maintained and healing processes are therefore carried on more rapidly. As our readers know, from what we have published in the Gazette in the past concerning this method, Lenhartz's treatment consists in absolute rest in bed for a month and in feeding the patient with small quantities of beaten-up eggs and milk, the quantities being increased day by day. An ice-bag is kept constantly applied to the epigastrium, and after the first week soft boiled rice, minced meats, and semi-solid and solid foods are gradually allowed.

In the way of drugs bismuth and iron are chiefly relied upon. Another advantage which is claimed for this method is that the food takes up the free hydrochloric acid and so prevents it from acting upon the ulcer, and the well-known fact that taking of food often relieves the pain of gastric ulcer is advanced as an argument in support of this view. The actual quantities of foods allowed by Lenhartz consist on the first day of from 7 to 10 ounces of milk with one egg, and the increase is  $3\frac{1}{2}$  ounces of milk each day and one egg each day until a quart of milk and six to eight eggs are ingested. The amount of meat first given is two ounces. The bowels are not disturbed by treatment during the first week, but they are not prevented from moving naturally. If they do not move naturally an enema is given every fourth day during the rest of the treatment. Although the number of calories which the patient receives during the first few days is considerably below the number actually required for the maintenance of nutrition, the gradually increased quantities of food soon bring the calories up to 3000 per day, which is fully as large as an individual in perfect health needs to ingest.

In the Proceedings of the Royal Society of Medicine for March, 1909, Spriggs reports his results obtained in 77 cases of gastric ulcer, thirty-three of which were treated by the Lenhartz method and thirty-four by the more old-fashioned plan. Spriggs believes that the danger of hemorrhage in the feeding plan is apparently less than under the starvation plan. He also is certain that under the Lenhartz diet pain as a rule disappears entirely within forty-eight hours, and the weight of the patient usually is increased.

Concerning the subsequent history of the patients he believes that the Lenhartz method is not followed by relapse any more frequently than the older plan. So many clinicians have now resorted to this more humane and comfortable process of cure that it may be considered to have attained a well-recognized place among medical procedures, and we would suggest that our readers, test its value in cases which come under their care.

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We would caution our readers against adopting a suggestion, which we have recently seen, of ordering injections of tincture of iodine in gonorrhea. To begin with, this drug is not a particularly well established remedy for the local treatment of gonorrhea. In the second place, it is extremely painful when applied to an inflamed mucous membrane. Besides, in the condition mentioned, it will bring about a severe degree of inflammation and an amount of swelling that may result in gangrene. Don't use it!—American Journal of Dermatology.

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## INJURIES OF THE SPINAL CORD DUE TO ACCIDENT.

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Read before the Kansas Medical Society May 7, 1909.

The spinal cord in addition to being a sort of cable giving transmission to motor and sensory nerve fibers from and to the brain must be looked upon as a nerve center composed of thirty-one segments piled one on top of the other, each segment having a motor, reflex, vaso motor and trophic center and supplied with a pair of spinal nerves.

The spinal cord extends downward from the foramen magnum seventeen or eighteen inches or about  $\frac{1}{2}$  the length of the vertebral canal. The cord ends at the base of the first lumbar vertebra in the adult and the second in children. Below the Conus or 31st segment the canal is filled with the cauda equina, a large bundle of nerve fibers. The intra-spinal course of the nerve fibers after they emerge from the different segments grow longer as we proceed down the cord before passing out of their respective inter-vertebral foramina.

Two enlargements are found along the spinal cord; the cervical and the lumbar. These enlargements are of special interest from a pathological standpoint because the cervical enlargement contains the motor trophic and reflex centers of the arms, wrists and fingers; the lumbar enlargement the same for the legs, bladder, rectum and genital organs.

The cord is made up of white matter externally surrounding an H shaped central gray matter. In the white matter are found the named columns of the cord, prominent of which are the columns of Turck, Gower, crossed-pyramidal, direct cerebellar, Spetzka-Lissauer, Burdach and Goll.

The columns of Turck and crossed-pyramidal transmit motor fibers from the brain communicating at various levels with the mo-



tor cells in the anterior horns of the cord. The crossed pyramidal also transmit the inhibitory impulses which originate in the brain and which control the reflexes.

Besides ordinary sensory fibers the other columns of the cord transmit special sensations as follows: Gower-pain and temperature; Direct cerebellar-muscular sense; Burdach and Gall sense of touch. The reflex trophic and vaso-motor centers are found in the anterior horns of gray matter. From the anterior horns are given off the centrifugal fibers and coming into the posterior horns of gray matter are the sensory or centripetal fibers. The anterior fibers are innervated by the cells in the anterior horns and the posterior nerve fibers have their trophic center in the ganglion of the root.

To the general practitioner the normal knee jerk, the reflex par excellence, depends upon the integrity of the following parts. The posterior nerve fiber and root, the cells in the anterior horn, the anterior nerve root and fiber, and the inhibitory impulses from the brain through the crossed pyramidal tracts.

A lesion of the reflex arc involving either the posterior nerve, the cells of the anterior horn, or the anterior nerve, will produce a lessened or lost reflex. If the crossed pyramidal is involved either in the cord or at the origin of its fibers in the brain with the rest of the reflex arc intact we will have an exaggerated reflex.

Each separate segment of the cord has its own particular function; hence focal lesions due to spinal injury including reflex, trophic, sensory and vaso-motor symptoms will depend upon the segment level of the lesion. By knowing this segmental function we may get a fairly clear idea of the part of the cord affected.

The spinal cord is strongly entrenched against injury by accident. It hangs loose in the spinal canal held in place by the strong dura, with attachments above and below and to the sides of the canal. Between the two membranes in which it is enclosed is found a thick layer of fluid, which serves as a water bed and protects it against shock to which the spine is commonly subjected. The vertebrae are accurately fitted together, well cushioned between the bodies, padded on exposed sides by heavy layers of muscles and held together by tough ligaments. The compact structure of this bony canal enables the parts to sustain a great external strain and force before the integrity of the delicate structure within will receive injury. Yet notwithstanding this strong citadel, the cord is quite frequently the seat of serious injury.

Several cases of accidental injury to the spinal cord have in the past two years come under my observation which has led me

to think that perhaps these cases are more frequent than is generally supposed and of such interest have they been to me as to lead me to present this paper.

As a rule spinal cord injuries are due to excessive violence, although in one case herein reported a slip on an icy sidewalk with an ordinary fall was the cause.

In fractures and dislocations the spinal canal undergoes a narrowing thus pressing upon the cord causing compression, contusion or laceration. It is well to bear in mind that because no fracture or dislocation can be demonstrated by careful examination that therefore there has been none; in many, if not in a majority of cases, where great violence has been done the cord and where no displacement of bones can be made out there has been a fracture or dislocation or both, of momentary production, the injured or displaced bone springing back into place causing no permanent narrowing or deformity of the canal, while the cord may have been hopelessly crushed or injured. In less severe injuries of the cord due to fractures of the body or laminae we may have small fragments of bone impinging upon the cord, resulting in a bruising of the cord and nerves.

Gunshot and stab wounds affect the cord much as other injuries, there being no distinguishing characteristics except that injuries affecting one lateral half as in Brown-Sequard paralysis are usually caused in these ways. Then too, because of open wounds, infection is more apt to follow stab and gunshot wounds.

The scope of this paper will not allow much detail in symptomatology.

Motor-Symptoms—The most prominent is paralysis. No matter how quickly the physician gets to his patient he usually finds him paralyzed. Its onset is immediate in most cases although occasionally the paralysis may be a progressive one extending over some hours. The extent will of course depend upon the location of the injury; The patient may be rendered unconscious from head injuries. If the injury is in the cervical-region, transverse in character, we have paralysis of all four extremities. If the injury is above the origin of the phrenic nerve, death will be instantaneous from paralysis of respiration. If below the 5th cervical intercostal, breathing will be paralyzed but diaphragmatic respiration will continue life. An injury to the dorsal cord will cause paraplegia. If hemiplegic in character we have the Brown-Sequard type but in these partial lesions, all parts of the body below the injured segment is at first weakened in function.

A lesion in the lower sacral segment produces a peripheral

neuron type of paralysis that is a flaccid paralysis with rapid atrophy of the parts. With the injury in the cervical enlargement we may have the peripheral neuron type in the hands and arms, with the central neuron type obtaining in the lower extremities. In all severe injuries of the cord we have first a flaccid paralysis with lost reflexes, but as a partial return to function or with the lapse of time the paralysis becomes spastic with exaggerated reflexes as a rule.

Deformities of extremities frequently follows with the parts fixed in flexion, the tendency being for the flexors to first recover thus overcoming the resistance of the weakened extensors.

Sensory symptoms vary with the extent of the injury and consist of pain, hyperesthesia, paresthesia and anesthesia. Pain is generally localized and may be dull and aching or sharp and radiating; tenderness of several spinous processes will often be found in the region of the injury with special tenderness over one vertebra.

In transverse lesions with total anesthesia below a certain segment we are apt to have a hyperesthesia immediately above the anesthetic zone; this gives the cincture or girdle sensation.

In partial cord lesions we have paresthesia and hyperesthesia; A revival of an injured segment of the cord will change what at first may have been a total anesthetic zone into one of para- or hyperesthetic one. This is a sure indication that the cord is recovering its function.

Elective anesthesia thus simulating syringomyelia is usually of central canal origin from hemorrhage in which case we will have loss of pain, temperature and muscular senses with touch preserved; if touch sense is destroyed, then pain and temperature are sure to go with it.

The reflexes are not only interesting but very instructive. With severe lesions in the lumbar enlargement involving the reflex center of the knee and foot we have lost reflexes which will likely remain permanent. With the lesion further up in the dorsal region there will probably be lost reflexes at first and later followed with exaggerated reflexes and ankle clonus. In partial lesions of the dorsal cord we may have exaggerated reflexes from the first. The longer the knee jerk remains lost the most severe the injury to the cord and the less hopeful the outlook.

**Rectal and vesical symptoms.** The bowels are usually constipated but if contents are liquid there is often incontinence. The bladder is much more important. The nervous mechanism of micturition is complicated and interesting.

The sphincter by its tonic state of tonicity allows the urine

to collect in the bladder; when the bladder is emptied the sphincter relaxes and the expulsion of the urine is brought about by the detrusor urinæ and contraction of the abdominal muscles; both the sphincter and detrusor are under reflex nervous control. When paralysis occurs the sphincter's tonicity is at first preserved and the bladder fills. There is usually no effort at expulsion and little if any sensation of a full bladder. Incontinence at first then is that of overflow. If the lesion is in the lumbar enlargement involving the sphincter and detrusor reflex centers there will probably be later total incontinence, the urine dribbling away as fast as it enters the bladder.

When the lesion is above the lumbar segment overflow incontinence may obtain and the catheter will most likely have to be used.

Trophic and vaso-motor changes are usually marked. Atrophy except in parts supplied by the segment immediately affected is more from non use; bed sores are likely to develop, especially at points of pressure, and in complete transverse lesions a rapid sloughing of soft parts over the sacrum will take place even though all pressure be kept off the parts. The temperature is as a rule somewhat above normal during the acute stage but later the paralyzed part becomes cold and livid. In high cervical injuries the temperature may run very high ranging 108 to 110 Fahr.

Digestion and respiratory disturbances vary much in character. The pathology of cord injuries range from an irritation with hyperæmia to complete crushing with disorganization of the cord. The cord may be compressed by hemorrhage enough to almost completely destroy its function for a time, followed later by a complete restoration of function. On the other hand when crushing or laceration of the cord occurs sufficient to sever its fibers, it is extremely doubtful, in fact we may certainly declare, that there will be no regeneration or union of the severed ends.

Destruction of central spinal matter means a permanent crippling if no complete loss of function of the cord, not only to the injured part but if transverse, of the entire cord below the point of injury.

There have been volumes written upon the question of spinal concussion; the railway spine of Ericksen has led to a vast amount of litigation. That concussion may be a cause of severe spinal injury there is little room for doubt; but the lesion is not of that mysterious molecular disarrangement described by Ericksen but rather a gross contusion or laceration or by hemorrhage about or within the cord. This may all occur with no visible signs of deformity of any kind of the bony column. We are all familiar with concussion



of the brain in a clinical way but is it extremely doubtful if the cord ever suffers in this temporary manner from loss of function.

Injury of the cord followed by immediate paralysis is always a serious matter. The prognosis should be exceedingly guarded. In complete transverse lesion except in the lowest segments the issue will prove fatal sooner or later. Where the function of the bladder is preserved the outlook is more favorable and such cases rarely die of the injury.

In partial motor-paralysis we may reasonably look for marked improvement but partial disturbances of sensation are not so definite.

Bed sores are always a serious complication. Any improvement in the conditions give promise of a more hopeful character than perhaps was at first imagined. The sooner the improvement begins the better the prognosis. If after a lapse of two weeks there are no signs of returning function the outlook is bad, though not necessarily hopeless. We may hope for a progressive improvement extending over one or two years, if returning functions begins early.

In primary hematomyelia recovery may be complete even when paralysis is immediate and complete in the beginning.

In spinal cord injuries as in cerebral apoplexy our treatment should as a rule be that of "an armed neutrality" a "masterly inactivity." There is as a rule too much fussing with and examination of the patient. In our desire to be helpful we may do too much. The patient should be disturbed as little as possible. Im-mobility of the spine should be faithfully carried out. As a rule there is little trouble along this line as the paralysis alone is sufficient. For the paralysis drugs are useless or in fact any treatment at first. All manipulation of the spine at this time is positively dangerous and it is the duty of the physician to present this matter not only to the patient but the friends as well in a manner which will leave no room for doubt. Contractures should be overcome by stretching of tendons daily, by splints or in case of drop foot by tying up the foot with adhesive plaster.

A water bed is very useful and careful cleansing with alcohol all points of pressure together with the use of the air cushion or rings made of wool or cotton to relieve the pressure. Especially should the buttocks and heels be inspected for fear of bed sores. After the bed sore has formed, which is often unavoidable, the greatest care must be taken in keeping the parts clean and free from sloughing material. For pain codeine or heroin will be found useful. The vesical trouble is of the gravest character. The use of the catheter long continued with the most perfect surgical aseptic

sis at our command will be followed by cystitis. I have seen where one author recommends that the urine be allowed to fill the bladder and establish an overflow as a drain. Cushing recommends a suprapubic or perineal cystotomy with permanent drainage to avoid using the catheter.

Surgical treatment is certainly indicated in injuries involving the cauda; by the removal of the pressure by laminectomy below the second lumbar vertebra we at least give the parts a much better chance for return of function. In case of fracture or dislocation laminectomy is preferable to manipulation of the parts and attempted reduction by the bloodless method. In most cases the damage done to the cord is done at the moment of injury and it is extremely doubtful if an operation will do good. There is however quite a variance of opinion on this point by men of large experience.

The following cases illustrate several types of spinal cord injuries.

Case 1. E. R. Male age 70, Feb. 15, 1907, while attempting to hold a bridleless horse by the head was violently thrown to the ground and struck between the shoulders by the front wheel of the buggy. I saw this case with Dr. J. H. Winterbotham. No dislocation or fractures which could be made out. Swelling and tenderness extending from the 7th cervical to the 2nd Dorsal. Paralysis, complete paraplegia, diaphragmatic breathing. Sensation only partially destroyed, bladder paralyzed, no clouding of mentality. One week or ten days later sensation had improved and some motion in legs, reflexes absent. Present condition two years and two months after the accident. Patient has fairly good use of arms, can walk a few steps by pushing a chair in advance. Sensation in feet and legs quite good, knee jerk exaggerated. Bowels habitually constipated will act with strong cathartics. A troublesome cystitis has prevailed since shortly after the use of the catheter. Voids urine naturally but must empty bladder frequently. General health fairly good. Improvement was slow but steady for about two years..

Case 2. Mr. D. age about 55 years, carpenter, June 28th, 1909, fell from a house some sixteen feet striking upon his shoulders. Paralysis of all four extremities immediate; was not rendered unconscious, was carried home a few blocks distant. I saw the case with Dr. W. S. Harvey. Complete paralysis from arms down; anesthesia complete over same area; breathing diaphragmatic. No dislocation or fractures at time of examination which could be made out, but there was excessive tenderness over the 6th and

7th cervical vertebra. Mentality clear; saw him the following day temperature had risen rapidly to 107 F. Death followed a few hours later. Probable dislocation of the vertebra with crushing of the cord the dislocated bone springing back into place.

Case 3. W. B. male, age 18 years, on June 3, 1908, while watching a ball game from a tree top, fell some fourteen feet to the ground striking upon his back and shoulders. Paraplegia immediate, both forearms fractured; a dislocation of the 4th Dorsal with probable fracture of the 5th was made out, and was reduced by traction from head and feet; anesthesia complete over the paralyzed area. Bladder paralyzed and the catheter used early. I saw this case with Dr. E. J. Lutz, who has kindly furnished me with the above data. Patient was helpless till death which occurred in the following November. Reflexes remained absent, bladder never regained any part of tonicity. Bed sores came on in about a week after the accident and were very troublesome. Death from exhaustion.

Case 4. The following interesting case is kindly furnished me by Dr. J. H. Winterbotham.

G. C. male, age about 28, January 9th, 1909, while leaving his door yard slipped upon an icy walk, falling heavily striking on his back below the shoulders. His first sensation was as though the breath had been knocked out of him. In attempting to get up he found he could not use his legs. He was carried into his house; he soon experienced severe pain in his chest. When Dr Winterbotham arrived about twenty minutes later, he found complete paraplegia and paralysis of the right arm. Anesthesia was complete in legs. The spine was very sensitive over the 3rd or 4th dorsal vertebra; there was no evidence of injury on the surface. Vision was so disturbed later in the day that he could not read ordinary print. This difficulty with vision passed off in the third day; his voice was hoarse as from a bad cold. Breathing was somewhat labored on account of partial paralysis of the intercostals. Reflexes exaggerated. Rectum and bladder functions were normal. Improvement in sensation began on the third day. First in the shoulder and arm then in the right leg and lastly in the left. Motion began to appear with the return of sensation. The patient continued to improve and was able to return to his work in five weeks. At that time there was still some stiffness of the legs and some paresthesia. At present is entirely well.

## A FEW REMARKS ON THE TREATMENT OF HEART DISEASE.

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Read before the Wyandotte County Medical Society, Feb. 2, 1909.

A few remarks on the treatment of Heart Disease at the conclusion of this series of valuable papers will not be amiss and, as no one else seemed to have any time, I took it upon myself to prepare a short paper on the subject.

The first thing to remember is that the mere fact of a person having a leaky or otherwise diseased heart is no indication for medical treatment. In fact, drugs given promiscuously may at times disturb a natural compensation and cause symptoms for the first time. We should withhold our medicines until the patient presents some signs of failing compensation. However, it is wise often to tell our patient to so regulate his life and habits as not to throw undue strain on his heart and thus precipitate dilation and premature failure of compensation.

One of the most important factors in treatment or failing compensation is rest, and by that term is meant rest of body and mind. The heart's work can be diminished one-half if the patient takes no exercises and has no worries or cares. It is well to know that disease of the coronary arteries and heart muscle is more common in brain workers than in laborers, and this shows that mental effort throws work on the heart. It has also been proven repeatedly that cardiac remedies that are having no effect on cases of failing compensation do much more good when the patient has mental and physical quiet. In these cases sudden severe effort is especially bad for it may cause sudden death or cause such dilation or heart fatigue that recovery is impossible.

Failure of compensation generally begins gradually and first symptoms are not generally characteristic, but dyspnoea easily produced, nocturnal shortness of breath and irregular heart action are among the beginning signs and should demand early treatment by rest, suitable feeding and general tonics, adding heart tonics later if condition does not yield.

Digitalis is the remedy of remedies in the treatment of these cases, and yet there is almost as much harm as good produced by it as used at the present day. It stimulates the pneumogastric nerve, lengthens the diastole, makes systole more complete, and increases the blood supply to the heart. It should be remembered that toxic effects may be produced by digitalis, the pulse becoming



small and irregular and the urinescanty, in which cases it should be discontinued.

Digitalis is often a diuretic because it increases the general blood pressure, and in addition by a local irritating influence on the kidney, it still further increases this pressure locally, thus causing diuresis, and accounting for the fact that in a few cases urinary secretion is checked from overstimulation.

Digitalis often disturbs the stomach, especially when given as the infusion; it may also have a laxative effect in some cases; it also may produce cerebral disturbance, evidenced by dizziness, headache, disordered sight and hearing. The action of digitalis is slow in starting, hence the futility of giving it for sudden emergencies. I have often seen patients with granules or pills of digitalis given them for attacks of supposed heart weakness, the patient carrying them all the time to be used as attack threatens.

It is generally considered that digitalis is indicated in all forms of valvular heart disease, its most important contra indication being fatty degeneration of the heart muscle.

The infusion is probably the most generally used preparation, though the tincture is less liable to upset the stomach and is likely the best preparation to use.

The ordinary dose of the tincture is 8 to 10 minims every 3 or 4 hours for 2 or 3 days, when the amount given must be decidedly lessened. Of the infusion, 2 to 4 drams given the same way. If it regulates an irregular heart, increases the urinary secretion, lessens the dropsy, it is doing well and increases the patient's sense of well being, it is doing good and may be continued, watching carefully for any signs of overaction or pernicious influence.

Hare thinks 5 drops of the tincture is enough in the vast majority of cases, and larger doses should only be used when the heart is found very feeble and immediate stimulation is necessary, or when smaller doses have not been found satisfactory. When large doses are given decrease amount after 3 or 4 days.

In studying a given case if the arterial tension is already high, it is best to give nitroglycerine with digitalis to prevent too great tension in the arteries and thus overwork the already crippled heart.

Attacks of acute cardiac failure should be treated by quick diffusible stimulants as Hoffman's anodyne 1 to 2  $\bar{3}$ 's every hour or two, or aromatic spirit of amonia  $\frac{1}{2}$  to 1  $\bar{3}$ . If there is high arterial tension, give nitroglycerine hypodermically 1-150 to 1-100 gr. and repeated every  $\frac{1}{2}$  to 1 hour until tension is lowered.

For marked dropsy give epsom salts,  $\frac{1}{2}$  to 1  $\bar{3}$  in water before

breakfast and repeated if necessary to cause 8 to 10 watery evacuations. This may be repeated every 1 or 2 days, being careful not to cause too much depression. Another remedy useful in cardiac dropsy is real opocynum cannebiun given in dose of 5 to 30 minims of the tincture 2 or 3 times a day until it produces slight purgation.

If salines cause catarrhal irritation, elaterium in 1-16 to  $\frac{1}{4}$  gr. doses may be tried. Often it is wise to combine it with podophyllin and belladonna.

A great many physicians give 1 gr. each of powd. squills, powd. digitalis leaves and calomel t. i. d. as stimulant and diuretic. If it does not produce free diuresis in 3 days, stop it and give saline purgative.

If anæmia is marked, give iron and arsenic to improve the blood and thus nourish the heart.

It is a common practice to give 5 or 10 grs. blue mass every week or ten days to unload the liver as the saying is. Often heart stimulants will act better after mercurials are used in this way.

For marked dyspnoea, anxiety and pain, morphine is often invaluable and relieves when nothing else will. It should not be used too often as it loses its good effects and may produce a constipation and indigestion.

If patient shows signs of syphilis, chronic rheumatism, gout or arterial fibrosis, manv use iodides 10 to 15 grs. t. i. d.

When digitalis fails or is not well borne, other remedies must be tried. Of these the most important is strophanthus. This drug does not contract the arteries as does digitalis and it acts much more promptly, getting in its work in from  $\frac{1}{3}$  to  $\frac{1}{2}$  the time. This is partly due to its rapid absorption. It strengthens and slows the heart beat, prolongs the diastole and is especially valuable for arrhythmia.

The effect of strophanthus is far less prolonged than digitalis, and its beneficial effects soon decrease, it has not such a bad effect on the stomach as digitalis and as a rule is not as efficient a diuretic as digitalis, yet occasionally it is even more efficient owing probably to the absence of vascular contraction. The dose of the tincture is from 3 to 6 minims given 4 or 5 times in 24 hours. Often it is wise to give an initial dose of strophanthus to be followed by digitalis. Again a combination of the two does better than either singly.

When neither or both act well in a case, spartein sulphate may be tried. It is good heart tonic and diuretic in cases where

dropsy is a symptom and nephritis a complication. A favorite prescription with Anders is spartein sulp. gr.  $\frac{1}{4}$  to 1-6, strychn. sulp. 1-40 to 1-30 and caffein citr. 5 grs. in capsule every 3 or 4 hours.

When a case presents a feeble contractile effort, combined with orthopnoea and cyanosis showing over-distension of the right heart, venesection is indicated. 15 to 30 ounces may be safely removed and is often followed by marked relief.

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### THE AIR AS A CARRIER OF INFECTION.

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I. H. HYDE, Professor of Physiology, University of Kansas.

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We all breathe, and have done so, so easily that we forget that we do it. We all eat, but the occasion produces an impression, and we are often particular as to the quality of the things we eat. Fancy trying to induce the employees of a large establishment to accept improper tainted food. It might produce a riot, yet these same people sleep in badly overcrowded rooms and complain of drafts if the windows be opened. Without food, they could live a week or more, while with no air they could not survive five minutes. Yet one hears but rarely, complaints upon the quality of air the necessity of which is more important than food.

The fact remains that bad air is responsible for more deaths than alcohol. You have been told that  $10\frac{1}{3}\%$  of all who died in the state of New York last year died of consumption, a disease closely connected with polluted air, and although much hygienic advancement has been achieved within the past few years, there still remains a world of polluted air that must be conquered before we can breathe safely. Perhaps as noteworthy an instance as can be mentioned as regards controlling the threatening environment is the smaller amount of spitting ones sees in the cars, but why should not better ventilation of cars be insisted upon also? An immense amount of effort has been expended in the cause of temperance, and excellent results have been secured, but let me ask, has any similar crusade been pushed with equal vigor against the spread of other forms of intoxication, that for instance produced by the bacillus tuberculosis. It has been stated that in New York the deaths for the year 1907 were,

From alcohol .....	1,023
From typhoid, .....	1,688
From consumption, .....	14,406

The temperance movements have secured the passage of laws

ordering that public instructions be given as to the dangers incident to the use of alcohol, and it is gratifying to know that earnest efforts are now on foot to do something along that line regarding the cause and prevention of tuberculosis. But the people as a whole are not sufficiently informed as yet to appreciate the necessity of decided action, and the sympathy with the needed reform is not widely enough awakened to be effective.

Breathing is the chief means by which the body obtains its oxygen, and an important means by which the body temperature and, to a limited extent, its water is regulated. It is generally recognized that in badly ventilated rooms, the air acquires a disagreeable odor, perceptible especially on entering, and that persons remaining under such conditions for any length of time suffer from headache and depression. When the ventilation is extremely imperfect and the room crowded, death may result, as, for instance, in the historical case of the black Hole of Calcutta. In such extreme cases several causes combine to produce the fatal result. The conditions are such that lead to a large toxic increase of carbonic acid gas from the expired air, also diminution of oxygen, which in itself will cause death, in addition, volatile organic matter, overheating of the air, and its saturation with vapor. Both of these last conditions prevent loss of heat from the body producing a fever temperature and rapid heart action; these results and the exhalation from clothing, body, walls, etc., and the presence of bacteria, produce depressing states of the mind and body, lowered bodily activity and vitality, which means a fall of resistance to toxic influences. But these conditions on the other hand are the very ones that favor bacterial activity and virulence, hence the seriousness of contaminated air in poorly ventilated places.

It is conceded generally that pathogenic organisms in the air are adherent to particles of dust and that their virulence depends upon the amount of moisture with which they are associated. Their continuence as organisms is more favorable in indoor air with poor ventilation than in outer air where they are diluted, blown about and exposed to the disinfectant action of the direct rays of the sun. With regard to the transmission of pulmonary tuberculosis through air, it should be said, that while there is no doubt that this disease is connected preeminently with overcrowding and vitiated air, there is a question, whether the method of conveyance is by dust or tuberculous material thrown in the air in coughing, speaking and sneezing.

Let me enumerate briefly a few experiments which have been conducted lately by some noted investigators. The first series



was undertaken to determine whether the tubercle bacillus remained active in dust particles. Dust was collected from a room one year after the patient died with tuberculosis and was found to contain the tubercle in an active state. 147 samples of dust were collected in hospitals, public institutions and in private houses inhabited by phthisical persons. 48 guinea pigs were then placed in a disinfected room where the dust containing dried sputum had been placed on the floor. Some of the guinea pigs were placed on a shelf 28 inches from the floor, others on the floor. The tubercular disease was produced in most of the guinea pigs. These observers concluded from the investigations, that in rooms in which tubercular sputum is dried on the floor or other places, and when the air is filled with dust through sweeping, brushing, dry cleaning, or air currents, as in railway cars by mechanical jarring, infection may arise, and that under these conditions long exposure offers a certain degree of probability of infection. Therefore dry cleaning is to be avoided in rooms in which consumptives are employed with others, and the rooms should not be occupied so long as the air is perceptibly dusty.

The next series of experiments were to investigate the possibility of infection through matter thrown off in coughing, speaking, and sneezing. The results were that when plates were placed at different distances from consumptives, they were found to contain active bacilli, even with subdued speech and in a quiet atmosphere. It was found that bacilli reached the most distant parts of the room, which was more than twenty feet wide. They were found to remain suspended in the air not longer than one hour and it was noticed that they fell upon plates in groups sometimes as many as forty close together, which suggested, that they fell not as dry dust particles but that the droplets themselves with their contained organisms are deposited. The precautions recommended are to require the persons coughing, to hold a handkerchief over their mouths during the act, and other persons ought not approach too near the patient.

Other experimentors found that bacteria sprayed in minute droplets upon objects perished in a short time when they were exposed to sunlight and when the dry sputum sprayed on the floor that was later swept, the bacilli were found all over the room even on the ceilings and in bureau drawers. Experiments with tubercular cows showed that they too send forth bacilli in great numbers in the act of coughing. These experiments show that bacilli either attached to dust particles or thrown off in coughing may lead to infection.

It has been well established that environment is an all important predisposing factor. Dwellers in cities are more prone to disease than residents of the country. Not only is the liability to infectious disease much greater, but conditions of life are such that the powers of resistance are apt to be weakened. Sunlight is one of the most powerful agents in destroying the tubercle bacillus, so that in imperfectly ventilated dwellings and workshops, and in residences in close dark alleys and in tenement houses the liability to infection is much increased. The influence of environment was well demonstrated by Trudeau, who found that rabbits inoculated with tuberculosis if confined in a dark damp place without sunlight and fresh air, rapidly succumbed, while others treated in the same way, but allowed to run wild, either recovered or showed very slight lesions. The occupants of prisons, asylums, poor houses and convents are in the position of Trudeau's rabbits, in the cellar and in the position to foster the development of the disease. The frequent respirations of air already breathed, renders the lungs less capable of resisting infection.

Moreover in order to be air-born, the sputum must be dried and broken up into dust. If discharged into a handkerchief, it speedily dries, especially if it is put in the pocket, or beneath the pillow. In the last stage of consumption the patient becomes weak, the sputum is expelled imperfectly, pillows, sheets and handkerchiefs are soiled. If a male the beard or mustache, which of course should not exist from a hygienic standpoint becomes smeared. In the hand of the careless and dirty, the infectivity is greatly aggravated, as they carry a halo of infective disease germs around with them which attains its maximum of intensity where the filthy habit of spitting on the floor prevails, especially if the floor is carpeted.

Some facts in favor of infection by inhalation are, that in the majority of cases primary tuberculous lesions are connected with the respiratory system. It is extraordinary how frequently the disease is met with in the lungs. The statistics of the Paris Morgue of the post-mortems of hospitals and charity institutions, show that a large proportion of all persons dying of accident or suicide present evidences of the disease and in the review of thirty eight cloisters embracing the average number of 4,028 residents, among 2099 deaths in the course of 25 years, 1320 were from tuberculosis.

The mortality in prisons has been shown by Baer to be four times as great as outside (that is 40-50%). Flick has studied the number of deaths from tuberculosis in a single ward in Philadelphia for 25 years. He found that more than  $33\frac{1}{3}\%$  of infected houses

had more than one case. Less than  $\frac{3}{4}$  of the houses of the ward became infected with tuberculosis during the 25 years prior to 1888, yet more than half the deaths from this disease during 1888 occurred in those infected houses.

The normal healthy body has its fighting age and if given a fair chance is able to protect itself against such foes as the bacillus tuberculosis. The successful cure of even advanced stages by fresh air, good food, rest and proper exercise shows how well the healing force of nature plays its part.

The loss of 3050 lives according to C. E. A. Winslow in a coal mine accident a year ago in a period of three weeks, was so startling as to awaken the public conscience. Many who gave the matter no thought before, know today that our annual tribute to carelessness in mining is 2,000 lives a year. The stain which rests upon the operations of our railroads is blacker yet, for the annual toll paid on train and track is 10,000 lives. Most of this slaughter is preventable. It is important to realize however that there are others dangers of industrial life, less obvious than exploding fire damp or colliding locomotives, but even more sinister in their end results. These are the occupational diseases. When a mine explosion occurs it is telegraphed over half the world. When here and there thousands of workers grow listless and pale and one by one drop out and pass from the factory to the hospital, the tragedy is unnoticed, yet year by year disease cause ten times as many deaths as do accidents.

In many discussions on tuberculosis its relation to industry is scarcely mentioned. Yet as C. E. A. Winslow pointed out a study of statistics show that its prevalence is correlated with occupations to a significant degree. Among the stone cutters at Quincy, Massachusetts, the deaths from tuberculosis is double that of workers at other trades and the cutters at Northhamptom, Mass., die from tuberculosis at four times the normal rate. The injury to the lungs and the consequent high death rate from consumption are most marked in industries associated with the production of sharp particles of mineral or metallic nature. Metallic dust which forms a scarcely perceptible cloud in the air, threatens sickness and death by injury to the lung tissue and favoring consumption, as surely as the unguarded railroad track invites damage to life and limb. Many other dusts of non metallic nature are less injurious but are serious enough.

Even where there is no aerial dust the ordinary vitiated air must be reckoned with as contributing its share to occupational disease. In large cities, thousands of men and women are em-

ployed at cigar making in small and large establishments, some of these are in excellent sanitary conditions, others are not. In the summer if the air be not too dry windows may be opened and natural ventilation secured; but tobacco must be kept moist in order to mould into cigars efficiently, but if the outer air be dry the windows must be kept closed. In a hand room inspection by Mr. Winslow in which fifty men were exhaling impurities and eighteen gas jets vitiating the air in a space of less than half the proper size, the temperature was 72 and the air contained 35 parts CO<sub>2</sub> per 10,000 air, which is ten times the amount for good air. To the bad effects of such an abominable atmosphere, was added the noxious irritating fumes of dry tobacco. The spitting habit is common in cigar factories and in view of the fact that considerable tobacco falls to the floor and if not gathered up, is commonly swept up with all the dirt and dried sputum, and sold as filling for cheap cigars. This habit is strongly to be condemned. It is not surprising that the association for the prevention of tuberculosis reports the tuberculosis deaths among cigar makers as 4.8 per 1,000, which is about twice the normal figures.

It is unnecessary to dwell further on the dark side of this picture, industrial disease exists. The practical point is that it is needless. Dust in certain industries can be reduced by substituting moist for dry cleaning. In others it can be drawn off by special ventilation through hoods placed over machines which produce it. In extreme cases individuals can be made to wear respirators designed for the purpose. Fresh air can be applied to any work room and its temperature and moisture adjusted, so that the industry in question may be carried on without damage to the workers. It is no theory that sanitary factories are possible. The Massachusetts examination board of industries found satisfactory conditions in certain factories in almost every industry.

The States should furnish expert knowledge of evils and of remedies. It should establish a minimum of sanitary decency and compel the reformation of the worst condition. Far-sighted employers have established model work shops with good light and ventilation free from dust and gases, and made provision for wash-rooms with sanitary plumbing. The fact is that the employer who have tried this policy, found that it proved satisfactory, especially in the reduction of illness and absence of employees. It is strange that the labor organizations have failed to grasp the fine opportunity of bringing to the individual worker, that knowledge of sanitary



science, which will enable him in the factory and out of it, to maintain a maximum of health and efficiency.

No matter what the cost of eradication and prevention, it must be an economical measure to say nothing of its humane aspect. Tuberculosis is a wasting disease, slowly sapping the vitality of the individual, impairing or destroying his utility years before death releases him. Thus the loss to the individuals, their families and the communities to which they belong, is in the aggregate enormous. The total cost to the U. S. according to Prof. Fisher, exceeds one billion one hundred million dollars per annum. Of this amount about 2-5 or more than four hundred and fifty million of dollars falls on others than the consumptives. To eliminate the material waste and the suffering caused by tuberculosis, any amount of necessary public expenditure would be justified. Nor would the outlay necessary for the enforcement of all desirable preventative and curative measures be as great as might be supposed. The State of New York has in recent years committed itself to the expenditure of ten million dollars a year on roads and one hundred millions on the deepening of the Erie Canal. Neither of these projects will compare for a moment in beneficial results with the eradication of tuberculosis from the states, which could be effected at a much less cost. Though philanthropic and charitable organizations are generously supporting the crusade, the work is beyond such agencies. Every State and Municipality should and must ultimately make proper provision for the care of its indigent consumptives.

The community, the employer, and the employees are alike concerned in the betterment of conditions. All three must play their part if progress is to be assured. Ignorance of the dangers which exist, and of their simple remedies, is what stands in the way of progress. As with many evils this is not a case of denunciation, but for education. It is a lack of knowledge on all sides. As knowledge of the real conditions grow, the waste of life through occupation disease will cease. What are we doing as a nation to spread knowledge? A years budget to the U. S. navy amounts to more than a hundred million dollars. The combined expenditures of all the states of the Union for campaign against tuberculosis and occupational disease amounts to perhaps 1-10 of  $\frac{2}{3}$  as much.

Successful handling of the consumptive poor must be the duty of public officers backed by the public purse. If the community were invaded by cholera and the dead removed by furniture vans as they were in Messina in 1887, then the contribution volunteer system would work to perfection, because people will make any

amount of sacrifice to assist an attack which would be decisive, but if the service required be continuous the same ten or twenty years hence as it is today, then the interest begins to weaken and after a time the treasury becomes empty. There is just one place for the funds for the care of the consumptive poor should come, and that is the tax budget. This involves a plea for the education not only of the officers who make up the budget, but also for those who vote them into office.

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### A CASE OF PELIOSIS RHEUMATICA.

FREDERICK W. SHAW, M. D., Kansas City, Kansas.

This case proved of such interest to the physicians who had the opportunity to see it, that I believe it will interest the medical profession at large. It is quite rare and, as will be observed after reading this article, is made up of a combination of symptoms comprising rheumatism, purpura and erythema multiforme. In the beginning of the disease the sore throat was the chief symptom complained of with a lesser pain in the right hip joint.

The condition occurs, usually in the young between the ages of fourteen and thirty years, but in this case the patient was over twice the age of the higher number.

History: T. C. age, 70, widower; nativity, England. Has always enjoyed the best of health most of his life.

Present condition: Admitted to the hospital, at the Western branch, N. H. D. V. S., March 20, 1909, with the history that he had a sore throat which began about a week ago and had been getting worse. He had a pain in the right hip, but it was not as painful as it had been at times, during the past week. The condition of his throat was such that he could not swallow solids without a great amount of pain and this may have been responsible for some of his physical weakness. He had a temperature of 99 F., respirations 22 and pulse 82, on admission. Examination of the throat revealed nothing abnormal.

The following is the course of the disease: March 22, 1909, a hemorrhage appeared over the dorsal surface of the left index finger at the distal articulation. At the same time, there developed an oedema of both hands and arms. The elbow joints, wrists and joints of the hand became painful.

March 23, other hemorrhages, in the form of purpura, appeared over all of the joints of the right hand. The larger number of hemorrhages appearing on the palmar surface. A few

hemorrhages appeared over the wrist joint and one over each elbow.

March 25, the hemorrhages became bullous and the tissue at the site of the first hemorrhage became necrotic.

April 2, the oedema began to disappear from the hands and arms and it was noticed in the feet and legs.

April 3, hemorrhages over the small joints and outer aspect of the feet, and over the tarsal articulations. A hemorrhage, also, over the coccyx three inches in diameter, one over the calf of the left leg two inches by five inches, and one into the left side of the tongue, uvula and soft palate.

At this period, swallowing became so painful that it was very hard to get the patient to partake of liquids. The pain in the joints especially the larger ones, was so acute that he could not be moved without crying out.

During the first two weeks in the hospital, his temperature ranged between 99F. and 104F.; it dropped to normal on April 5. It did not rise again to my knowledge.

The throat symptoms disappeared and the patient began to eat heartily.

April 5, the hemorrhages of the feet became bullous the largest being on the outer aspect of the right foot, involving about half of the upper and lower surfaces. This began to slough on the 17th. of April and the oedema to disappear. A line of demarkation had formed on the 23rd. and the oedema had disappeared entirely from the left foot and leg, the skin being very dry and hard.

A small portion of the tongue and uvula sloughed away.

The pains and the swelling of the joints began to diminish about the 20th of April and had disappeared almost entirely, by the 1st of May. At this time there remained the large slough, which was gradually healing on the right foot.

Large numbers of eosinophilic leucocytes were found, on examining the blood from the bullæ.

Albumen appeared in the urine, but there was no blood.

Sodium salicylate was given in the early stage of the disease but, on account of the throat symptoms, it was discontinued. The only other remedy given was sherry wine.

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When a patient with inflamed varicose veins develops suddenly dyspnea and cyanosis, don't sit her up to examine her the probability of pulmonary embolism is too great.—N. W. —American Journal Surgery.

# THE JOURNAL OF THE Kansas Medical Society.

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JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

After owning an automobile 30 days one is constrained to believe that it is necessary to suffer with autointoxication, auto-infection and autotoxemia to ever think seriously of owning number two.

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Dr. Frederick A. Cook of Brooklyn can be assured that the medical profession will stand by him in his contention that he discovered the North Pole. It is to the everlasting credit of the medical profession that there was one amongst them valorous enough to attempt its discovery. There is one thing however, that the profession will not attempt to do and that is, say what to do with it.

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The Medical Inspection of Schools, while as yet in its embryonic life bids fair to assume gratifying proportions. Many of the cities more especially in the East have adopted medical inspection in the public schools although it has spread all over the United States, even as far as the Northwestern states. That this is one of the most important steps in the saving of eye sight, hearing, mental defectives and even life, there can be no doubt and it is the wonder that such examinations have not been made heretofore. It is simply amazing to one uninitiated, the large percentage of



school children who have some defect in the eyes, ears, nose, throat and other bodily infirmities, it being variously estimated from 60 to 80 per cent. In the light of our present knowledge this long delayed procedure should be pushed to the limit, and that every school board should be immediately acquainted with the facts and examinations made and the saving and conservation of the children. We sputter and howl about the conservation of our natural resources (forests coal etc.,) but until of late nothing has been said in this particular, about the conservation of the human race.

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**The Dispensary Evil** was one of the subjects for discussion at the meeting of the State Medical Society of Pennsylvania at their last meeting in Philadelphia, Sept. 22-30. That this question is timely there can be no doubt, but as to the cure the answer is not so clear. Who has not seen in the large clinics patients dressed as good if not better than the physicians in charge. It was the editors experience to see an outdoor patient in the clinic in Chicago wearing a seal-skin coat worth, perhaps, three or four hundred dollars. This evil which effects only the larger cities is one of immense importance to the medical profession and one that will require systematic efforts to cure. The making of an affidavit that one is poor and unable to pay is of no moment as these patients seeking free treatment have no conscientious scruples against swearing falsely. They are never found out for the reason that the patients are never investigated. There should be a committee connected with each dispensary whose duty it would be to investigate every suspicious case and if found guilty of obtaining medicine or treatments by swearing falsely, prosecuted and punished according to law. This might have a salutary effect upon a great many others, and perhaps mitigate the evil in a measure.

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## NEWS NOTES

Dr. E. H. Skinner of Kansas City, Mo., is taking X-ray work in Hamburg and Vienna.

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Dr. Hugh B. Caffey is in New York doing post-graduate work on the eye, ear, nose and throat.

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Dr. L. O. Nordstrum of Assaria, spent September attending the clinics of the Mayo's at Rochester, Minn., and also at Kansas City.

Dr. Grover C. Sharrard, formerly of Kansas City, Kansas, has located in Madison Nebraska.

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The Cross of the Legion of Honor has been conferred by the French government on Dr. Harvey W. Wiley, chief of the bureau of chemistry of the United States.

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Dr. J. N. Scott of Kansas City, Mo., has just returned from a three months trip to Europe, during which time he visited the hospitals of London, Paris, Vienna and Berlin.

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**Death from Pellagra.**—A woman, aged 52, from Washington, D. C., died at Mercy Hospital, Baltimore, August 21, from pellagra. This is the third case of the disease observed in Maryland.

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The regents of the University of Minnesota have abolished the College of Homeopathic Medicine and Surgery. This action was taken because of the small number who matriculated the past year.

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Through settlement of the contest over the will of the late Frederick Hewitt of Owego, N. Y., the New York Post Graduate Medical School and Hospital will receive the major portion of its \$2,000,000 bequest, and large improvement and building plans are being considered.

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Pat Crowe, ex-kidnaper and more recently evangelist, has organized the American Sanitarium Company with a capital of \$100,000 to build an institution at Highwood for the care of drunkards and drug habitues. Highwood formerly furnished plenty of subjects for the cure.—Illinois Medical Journal.

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Dr. Geo. M. Minney of Topeka, Kansas has given up the practice of the eye, ear, nose and throat, and will remove permanently to Southern California. Dr. C. W. Williams will take his place in the the firm, it now being Minney, Magee and Williams. Dr. J. E. Minney will remain in the firm.

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**An Epidemic of Infantile Paralysis in Brooklyn.**—More than two hundred children between the ages of one and five years in the Brownsville section of Brooklyn are suffering from a form of infantile paralysis, and the health authorities have been asked to investigate the matter, as the disease seems to be spreading.

Specialists from the Rockefeller Institute for Medical Research, under the direction of Dr. Simon Flexner, have already visited Brownsville and are trying to find out the cause of the outbreak.

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Capt. J. T. Siler, assistant surgeon in the United States army, and Dr. Lavender, assistant surgeon in the United States Public Health and Marine-Hospital Service, have been detailed to make an exhaustive study of pellagra at the Illinois General Insane Asylum, in South Bartonville. It is said that 50 of the 2,000 insane patients are afflicted with this disease.

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**Medical Research Institution Founded in Chicago.**—The widow of Nelson Morris has given \$250,000 for the erection and complete furnishing of the Nelson Morris Memorial Institution of Medical Research, to be connected with the Michael Reese Hospital. The building will be constructed according to the ideas of Dr. James W. Jobling, pathologist of the hospital, and recently pathologist at the Rockefeller Institute. He will also direct the scientific work of the institution. Mrs. Morris recently lost her life abroad in an automobile accident.

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**The Northeast Kansas Medical Society meets at Kansas City Oct. 14th, afternoon and evening. An attractive program has been arranged, which appears in this issue. You are expected to be present.**

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**Missouri State Board of Health.**—The headquarters of the Board will be in the Capitol Building at Jefferson City, Mo., according to the new law which has just gone into effect, Dr. Frank B. Hiller, of Kahoka, has been appointed secretary of the Board; he must devote his entire time to the position and will receive a salary of \$2,400 per year. He is supervisor of vital statistics, as provided for under the new law. The new members of the board are Dr. <sup>E.</sup>F. Robinson, Kansas City, <sup>F.</sup>and <sup>L.</sup>Dr. L. G. Gunte, of St. Louis.

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The Clinical School of the Medical Department of the University of Kansas held its first "Review Week," complimentary

to the Alumni, September 13th to 18th.

Fifty physicians from a distance and fifteen from Kansas City were in attendance, the great majority for the entire week. All those present were most kind in their expression of appreciation of the scientific program and of the social features. Many hearty endorsements of the plan were received by letter from graduates unable to be present.

The members of the faculty were greatly pleased at the interest manifested, and enjoyed the opportunity of acting as hosts. It is planned to repeat "Review Week" on a larger scale next year.

The program of the week was, as follows: Monday, Surgical Clinics, J. W. Perkins at St. Joseph's Hospital, John Outland at the Bell Hospital; Lectures, Recent progress in medicine, R. T. Sloan; Diseases of the blood, F. E. Murphy; Staining technique, W. K. Trimble; Tuesday, Lectures: New points in the treatment of gastric diseases, I. J. Wolf; The chloride-poor diet, G. H. Hoxie; Practical suggestions in the treatment of Children, Jesse E. Hunt; Albuminuric retinitis, G. E. Bellows; Advances in neurology, S. S. Glasscock; Pharmacologic advances, L. E. Sayre; Ward Walks-St. Margaret's Hospital, Mercy Hospital, Bethany Hospital; Symposium on Oral Surgery, F. E. Sheldon, Martin Dewey, Frederic Hecker; Wednesday: Lectures, The management of remedies in cardiac disease, P. T. Bohan; Treatment of Pulmonary Tuberculosis, E. W. Schauffler; Injuries of the hand, George M. Gray; Ovarian cysts, Arthur E. Hertzler; The Wassermann reaction, M. A. Barber. Thursday: Lectures, The conservative treatment of prostatitis, Jacob Block; New methods and instruments in Obstetrics; George C. Mosher; Local treatment in Gynecology, M. T. Sudler; Clinics, Dermatology, W. L. McBride; Surgery, W. J. Frick, at St. Mary's Hospital, E. F. Robinson, at Bell Hospital. Friday: Lectures, Diagnosis of gall bladder disease, J. F. Binnie; Joint ankylosis, J. W. Perkins; Neurasthenia, H. O. Hanawalt; Surgical clinics: J. F. Binnie and M. T. Sudler at the Bell Hospital. Saturday: Clinics at the City Hospital, Jacob Block and J. D. Griffith.

A banquet was held at the Coates House on Wednesday night at which some eighty guests were present. Chancellor Strong, D. M. Porter, J. C. Mahr, Mr. Fred Wood, Preston Sterrett, and Ernest Robinson were the speakers. Dr. William Frick was toastmaster. Chancellor Strong asked for the support of the alumni in making the University of Kansas the standard medical school of the southwest. Dr. Porter congratulated the young men on the advances in medicine. Dr. J. C. Mahr, the secretary



of the state board of health of Oklahoma, told of the work in Oklahoma to put medicine on a high plane. Mr. Wood congratulated the doctors in belonging to a profession that had no fear of the lawyers. Dr. Sterrett congratulated the physicians of Kansas on the progress of medicine in that state. Dr. Robinson, as a member of the State Board of Missouri, congratulated the University on the fact that it sends to the state board of Missouri the best prepared men that come before it.

Tuesday and Friday the guests were given lunch at the Bell Hospital and on Thursday evening the Kansas City Medical alumni held their reunion at the University Club in Kansas City, Missouri. On Thursday afternoon an automobile ride was indulged in over the boulevards of Kansas City.

Dr. R. McE. Schauffler was the chairman of the committee on arrangements. He was assisted by Doctors Thraillkill, Weiss, Roberts, McAlester, Frick, Look, Lidikay and Foster.

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## **SOCIETY NOTES.**

The Sumner County Medical Society held its regular session at the Secretary's office Wellington, Kansas on September 30th, The program was as follows: "Electrical Medication," Dr. W. M. Martin; "Regulation of Teeth," J. A. Jent, D. D. S., "Surgery of the Liver," Dr. L. S. Copeland.

Dr. T. H. JAMIESON, Secy.

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The Mississippi Valley Medical Association meets in St. Louis, Mo., October 12-13-14, 1909, at the Southern Hotel. The officers of the Society are as follows: J. A. Witherspoon, President, Nashville, Tenn; Louis Frank, First Vice-President, Louisville, Ky; Albert E. Sterne, Second Vice-President, Indianapolis, Ind; Henry Enos Tuley, Secretary, Louisville, Ky; Samuel Cecil Stanton, Treasurer. Chicago, Ill.

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**The Association of Military Surgeons of the United States** will hold its next annual convention in Washington, D. C., on October 5th to 8th. In addition to a large representation of prominent Army, Navy, National Guard, and Public Health and Marine Hospital Service officers, several distinguished foreign physicians will be present, including Sir Alfred Keogh, director general of the British Royal Army Medical Corps, and Inspector General James Porter, of the Royal Navy Medical Corps. The Convention will be held in the New Willard Hotel.

The Sixteenth International Medical Congress convened in Budapest on August 29th, the session lasting one week. The United States was well represented in all of the sections for instance the Section in Surgery was represented by Murphy, Matas, Bevan, McMurty, Morris, Walker (of New York) McArthur, Cushing and other well known men. In the Section in Internal Medicine were Musser, Thayer, Anders and Barker. The social features of the Congress were most generous and admirably arranged.—From Budapest Letter in N. Y., Medical Journal.

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**Medical Association of the Southwest.**—The annual meeting of the society will be held in San Antonio, Texas, November 9, 10, 11, 1909, under the presidency of Dr. Jabez N. Jackson, of Kansas City, and the secretary is preparing a most attractive program for the occasion. Those desiring to read papers should send titles to Dr. F. H. Clark, secretary, El Reno, Okla., without delay. Preparations are under way for an excursion to the city of Mexico immediately after the meeting; a special rate of \$26 for the round trip from San Antonio. Those who desire to take this trip may learn full particulars by addressing Dr. Chas. Wood Fassett, St. Joseph, Mo.,

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**The Medical Society of the Missouri Valley.**—The twenty-second annual meeting of this society was held at Council Bluffs, Iowa, on September 9th and 10th, under the presidency of Dr. C. B. Hurdin, of Kansas City, Mo. The program was of unusual excellence, and the meeting was in every way successful. The following officers were elected for the ensuing year: President, Dr. A. B. Somers, of Omaha, Neb; first vice-president, Dr. C. M. Woodson, of St. Joseph, Mo; second vice-president, Dr. Flavel B. Tiffany, of Kansas City, Mo; secretary Dr., Charles Wood Fassett, of St. Joseph, Mo., reelected; treasurer, Dr. T. B. Lacey, of Council Bluffs, Iowa. reelected. Omaha, Neb., was selected as the place for holding the next semiannual meeting in March, 1910.

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The Southeast Kansas Medical Society held its semi-annual meeting at Fort Scott, October 5th. Following is the program: "Placenta Prævia," Dr. J. D. Walthall, Paola; "A Report of one Hundred Consecutive Accouchments," Dr. J. C. Lardner, Chanute; "Abnormalities of the Gravid Uterus and their treatment," Dr. Francis A. Harper, Chanute; "Paper," Dr. John H. Outland, Kansas City; "Internescine Forces," Dr. J. W. Bolton, Iola; "Anæsthetics," Dr. C. F. Harrer, Fort Scott; "Quininal Anæsthesia,"

Dr. A. E. Hertzler, Kansas City, Mo; "Paper," Dr Geo. W. Cole, St. Louis, Mo; "Hyperemia," Dr. N. C. Speer, Osawatomie; "The Etiological Factors producing the Non-Suppurative or Dry Catarrhal Condition of the Middle Ear," Dr. W. H. Graves, Pittsburg.

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The Labette County Medical Society met September 22, at the Matthewson Hotel. The following doctors were present: Perry, Dobson, Morrow, Boardman, Barbe, Moser, Henderson, Bennett, Markham, Kackley, Mahan, Thomas, and Hubbard.

Dr. Boardman reported a fatal case of bichloride poisoning. The case emphasized the danger of the sale of poisonous drugs to laymen.

Several interesting cases of infantile cerebral palsy were reported and their relation to epilepsy considered.

Dr. Bennett conducted a quiz on obstetrics, bringing out the essentials of normal and pathological labor. His work brought out much vigorous discussion and the relation of many unusual clinical experiences.

The Society voted to hold their October meeting at the State Hospital for Epileptics.

O. S. HUBBARD, Secy.

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The Chautauqua County Medical Society held its monthly meeting in the City of Chautauqua, September 6. The meeting was called to order by the President, Dr. Jerch, in his office. The following towns in the county were represented by, Doctors Stevens, Calhune and Lambkin of Peru; Dr. Blachley of Cedar Vale; Drs. Coutwright, Vermillion and Evans of Sedan; and Dr. Lewis of Niotaze.

The opsonic theory was the main subject discussed. Dr. Blachley of Cedar Vale, after defining opsonins, gave a very clear history of the theory, and its use in diagnosis and prognosis.

A resolution was passed instructing the secretary to examine the registration book in the county clerk's office and notify any person practising medicine in this county to register if he or she had not done so; and in case they continued to practice without registering, to report their names to the county attorney.

On motion, December 6, falling on our regular monthly meeting day and being the 164th anniversary of the first authentic reference to the removal of the human appendix during life, was made appendicitis day. Several papers on this subject will be read on that day.

It requires much effort on the part of the profession in Chau-

tauqua County to maintain a medical society; because there are only about twelve active practitioners in the county, scattered over the county many miles apart with poor railroad facilities. It is next to impossible to have more than a quorum without much effort and expense. Notwithstanding, every doctor in the county belongs to the society—dues paid up to first of next year.

The society has been organized since February, 1907, and has averaged eight meetings yearly. One of the main objects of the society has been to clear the county of illegal practitioners.

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## **The Northeast Kansas Medical Meeting.**

A lively time is assured all those who attend the Northeast Kansas Medical Society at Kansas City, Kansas, Oct. 14th. The meeting will be held at the Grund Hotel, of easy access to all car lines. Two sessions will be held one in the afternoon commencing at 1:30 and one in the evening commencing at 7:30. A dinner will be tendered the visiting members at 6 o'clock at the Grund Hotel by the Wyandotte County Medical Society. This meeting promises to be a real live one and the indications point to an attendance exceeding any of the past meetings by far.

In addition to the following program many interesting clinical cases will be presented by the physicians of Kansas City, Kans.

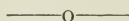
1. Placenta Praevia, Dr. J. D. Walthal, Paola;
2. Muscular Atrophy, Dr. W. W. Yates, Topeka;
3. Female Weakness, Dr. E. T. Shelley, Atchison;
4. Mental Derangements after Infectious Disease; Dr. H. L. Chambers, Lawrence;
5. Visceroptosis, Dr. Geo. M. Gray, Kansas City;
6. Aortic Aneurysms, Dr. S. A. Johnson, Topeka;
7. Diseases of the Nose and Throat as a Source of Infection to the System, Dr. C. W. Reynolds, Holton;
8. An Interesting Leg, Dr. Hugh Wilkinson, Kansas City;
9. Cleft Palate, Dr. G. W. Jones, Lawrence;
10. Therapeutics of a Few Unusual Drugs, Dr. F. J. Ernest, Topeka;
11. Diabetes, Dr. H. M. Cornell, Kansas City;
12. Suggestion—Its Use and Abuse, Dr. C. C. Goddard, Leavenworth;
13. Scar Tissue in Upper Respiratory Tract, Dr. W. E. McVey, Topeka;
14. Some Interesting Cases with Specimens; Dr. R. C. Lowman, Kansas City;
15. Paper, Dr. J. Roy Mains, Whiting.

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**Six Months Program of the Douglas County Medical Society,** September, 1909, to February, 1910, Inclusive, Meetings in Y. M. C. A. Parlors in Lawrence, unless other wise announced. September 14, Reports and Presentation of Cases, Dr. C. J. Simmons, Dr.



W. D. F. Phillips; Paper, Dr. Mark Beach, Placenta Pravaria; Discussion, Dr. H. T. Jones, Dr. E. Smith; October 12, Reports and Presentation of Cases, Dr. G. W. Jones, Dr. Ralph E. Barnes; Paper Dr. H. L. Chambers, Mental Disturbances after Infectious Disease; Discussion, Dr. C. J. Simmons, Dr. E. D. F. Philips; November 9, Reports and Presentation of Cases, Dr. M. T. Sudler, Dr. C. C. Kerr; Paper, Dr. James Naismith, On the Physiological Action of Ethyl Alcohol; Discussion, Dr. I. H. Hyde, Dr. A. W. Clark; December 14, Reports and Presentation of Cases, Dr. H. Reding, Dr. S. Tilden Gillispie; Paper, Dr. Ralph E. Barnes, Histology and the General Practitioner; Discussion, Dr. M. T. Sudler, Dr. G. W. Jones. January 11: Presidents' Address, Dr. E. J. Blair; Annual Election; Discussion of Medical Economics. February 8: Reports and Presentation of Cases, Dr. C. C. Payne, Dr. John C. Rudolph; Paper, Dr. S. C. Limley, When Called in Consultation; Discussion, Dr. C. J. Simmons, Dr. H. T. Jones.



## COMMUNICATIONS.

Rosedale Kansas., Sept 6, 1909\*

Dr. J. W. May, Editor, Journal of the Kansas Medical Society.  
Kansas City, Kansas.

Dear Doctor:

In view of the editorial in the August number of the Journal of the Kansas Medical Society, I believe that the enclosed quotation from Professor Minot's article which appeared on pages 502 et sequentes of the Journal of the American Medical Association for August 14 worth reprinting in the Journal of the Kansas Medical Society.

Trusting that you will agree with me, I am,

Very truly yours,

G. H. HOXIE, Dean.

" In regard, however, to material resources, our schools differ widely; and those who suffer from deficient laboratories must either make up their deficiencies or go under, drowned in the flood of the progress of the others. We have in America today a number of laboratories at various medical schools which are serving as present standards. All the best teaching in the medical sciences is laboratory teaching. Each of the one sciences must have a large building and expensively equipped. The building must afford a separate work place for every individual student, rooms for the staff, rooms for the advanced students and research; a lecture hall, library, and other necessary conveniences. These

are merely minimum requirements, and mean that the cost of the plant for a respectable medical school is not to be reckoned by thousands, but by millions of dollars. Those responsible for the financial management may be staggered by the demands of their medical faculty; they may be able to meet the demands only partially for the time being, but in a comparatively few years from now only those medical schools will be found surviving which have met these demands. With time, too, the demands are sure to become more insistent and more numerous. Never have the financial responsibilities been so great, but I repeat, there is no choice. The laboratory education is our one sure foundation. It is indispensable that it be amply provided for; if that can not be, the failure ought to be acknowledged and the school closed."—Charles S. Minot, LL. D., D. Sc., Journal of the American Medical Association, Aug. 14, 1909.

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## **SURGICAL NOTES.**

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DR. HUGH WILKINSON, Kansas City, Kansas.

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In tonsils enlarging past middle age one must ever look out for malignant disease and not thoughtlessly tonsilectomize these patients without carefully considering the possibilities of things other than simple hypertrophy.

—o—

Catgut is certainly a very poor material for suturing skin unless used subcutaneously. Its well known property of taking on and harboring germs brands it as dangerous to leave as a wick to steer the skin and air germs into the subcutaneous tissues. Much nearer ideal, is silkworm gut, or even silk, which can be boiled and, to say the least, far cheaper.

—o—

In doing hysterectomy it is a dangerous and useless procedure to ligate every particle of tissue that is cut. In doing so one exhibits lack of faith in his anatomy and leaves numerous pieces of ligature material which are always more or less dangerous. There are only three vessels on each side which require a ligature and these secure, hemorrhage is impossible. Two of these, the ovarian and round ligament arteries, can be secured with one ligature.

—o—

A subcutaneous catgut stitch properly placed is certainly admirable in its results when no accident occurs. But let pus germs

locate therein and one "kicks himself" for not having an interrupted silkwormgut suture line. The cases for subcutaneous suture should be very carefully selected.

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In fractures with a vicious union it is not always necessary to spend time and trouble silverwiring the bone ends, thus prolonging operation and leaving a foreign body. Many cases need only accurate approximation and immobilization to secure a happy result.

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In looking for a diagnosis of appendicitis, so firmly fixed has McBurney point become in our minds that we are apt to forget that the appendix is a very uncertain piece of anatomy. It is very migratory at times and in these migrations may become inflamed and attached at some point away from McBurney's thus locating the symptoms. Two cases brought this forcibly to mind the abscess locating and symptomizing well down toward the pubes and middle line, operation proving the correctness of the diagnosis.

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We think the climatic treatment of surgical tuberculosis is sadly neglected. It has been generally accepted that a good food regime and continuous outdoor living in a very sunny climate is as essential in surgical as it is in pulmonary tuberculosis and after the immediate operative necessities have been met the above measures should be rigidly enforced. This done I am sure our results in this class of cases will be immensely improved. The country has been awakened to the needs of "lungers," but I have heard of no place where those suffering with tubercular joints, glands etc., can receive the proper surgical care and at the same time get the just as much needed food and fresh air.

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## MEDICAL NOTES.

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Dr. J. L. B. EAGER, Kansas City, Kansas.

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Very often an acute "cold" will make the teeth sore and sensitive to the pressure of the other teeth. There may not be any tooth-ache accompanying the condition. A pledget of cotton wrapped around a match and moistened with equal parts of tincture of iodine and tincture of aconite, and held tightly to the gum of the effected tooth for two or three minutes will almost

invariably relieve the soreness. An impending abscess of a tooth will also yield to this treatment if applied early and thoroughly.

—o—

Earache may be relieved by carefully syringing the ear with warm water, drying thoroughly with absorbent cotton and drop-into the ear three or four drops of anhydrous glycerine to which is added two drops of aqueous fluid extract opium and the ear plugged loosely with cotton. Repeat the application every 2 hours if necessary. Never use oil of any kind in the ear.

—o—

In cases of chronic indigestion accompanied by torpidity of the liver, with acid eructations and flatulency use the following mixture, old and time tried.

℞ Pulv. Rhei ..... ʒiii.  
 Pulv. Ipecac ..... grs x.  
 Sodæ Bi. Carb. .... ʒ iv.  
 Aqua. Menth. pip. qs. ad. .... ʒiv.  
 M Sig.

Shake the bottle. Teaspoonful in water after each meal. If more of a cholagogue effect is needed, add to the mixture one-half drachm of fluid extract podophyllum.

—o—

Physicians, as a rule, are thoughtless, regarding to the impressions which their patients may have of them, when close examinations are being made either at the office or at the bedside. The vast majority of us use tobacco, either chewing or smoking or both. To a person not using the weed, the odor from the breath of those using it, is simply frightful and repugnant. An ounce phial containing one drachm of oil of wintergreen and seven drachms of alcohol can always be carried in the pocket. A tip of the bottle on the tongue—" presto bad breath"—a much more agreeable countenance on your patient.

—o—

The following formula for a liniment has given better results for the relief of rheumatic pains than any other employed by the writer:

℞ Ol. Absinth ..... ʒ ii.  
 Tinct. Opii..... ʒ i.  
 Spts. Camphor. qs. ad. .... ʒiv.  
 M. S. Apply frequently.

Apply hot, moist towels to affected part for fifteen minutes, dry thoroughly and rub in the liniment. Repeat the treatment four times daily.



Make it a routine practice to examine the throats and ears of every young child patient with whom you have to deal. Trouble is often overlooked in these locations at your first visit, which is extremely exaggerated upon making your second call. The family wonders why you did not discover it before.

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We keep looking around for an efficient diuretic. One that can be safely administered in almost all cases, is the old-time spiritus aetheris nitrosi. Perhaps you may have forgotten it in these days of proprietary preparations. Go back to it if you want results. In the symptomatic fevers of children, sweet spirits of nitre and tinct. of aconite in proper dosage will accomplish more than any of the coal-tar derivations, with much less danger.

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### OBITUARIES.

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**Bernard Douglas Eastman, M. D.**, College of Physicians and Surgeons, New York City, 1862; a member of the Kansas Medical Society and the American Medico-Physiological Association; founder of the New England Physiological Society; from 1862 to 1865 assistant at the New Hampshire Hospital for the Insane, Concord; from 1865 to 1872, assistant physician at the Government Hospital for the Insane, Washington, D. C.; from 1872 to 1879 superintendent of the Worcester (Mass.) Lunatic Hospital, Lake Quinsigamond; for seventeen years superintendent of the Topeka State Hospital; professor of materia medica and therapeutics, and psychiatry in Kansas Medical College; an authority on insanity and the building and management of hospitals for the insane; died at his home in Topeka, September 11, from heart disease, aged 73.

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**Dr. Howell E. Davies** of Emporia, a member of the Lyon County and the Kansas Medical Society, died Aug. 31st, at his home from cardiac trouble due to typhoid fever. His death was sudden and unexpected. He was a graduate of the Kansas University and the Rush Medical College. He was a scholar and a gentleman and beloved by all who knew him.

C. S. H.

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### CLINICAL NOTES

A chancroid is looked upon, as a rule, as a very trifling matter but cases will arise in which it proves to be one of the most malignant and destructive lesions that attack human beings. This is

especially true where the trouble is phagedenic. Cases have been seen within a few years in which the destructive action of the ulcer bringing on death within fifty hours. It would have been possible to avert such an end. When a chancroid is seen to become phagedenic there should be no hesitation to cauterize largely with pure nitric acid.—American Journal Dermatology.

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Mobility of the spleen, with an increase in its size and weight, occurs much more frequently in women than in men, especially females who have had many children and whose abdominal muscles are weak and flaccid.—International Journal Surgery.

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The complaint of pain in the heels should always lead to a critical examination of the condition which is often due to disease of the spinal column, but is as frequently caused by syphilitic bone disease of the calcaneum. This is especially true when the disease has progressed to the tertiary stage and it will be found to be useful to look for confirmatory signs by finding some of the symptoms which are most prone to be situated in the nervous system either axial or peripheral. The cerebro-spinal axis is that portion which is not likely to furnish these indications.—American Journal Dermatology.

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**New Treatment for Hemorrhoids.**—The method recommended by Professor J. Boas (Munsh Med. Wochensch, No. 27, 1909) consists in causing prolapse of the hemorrhoidal nodules by continued pressure in connection with the use of Bier's suction cup. Swelling of the nodules is thus produced with edema of the anal ring, so that they become fixed in the anal opening and the circulation is slowly shut off. The edema, after increasing during the first three or four days, then gradually subsides, and at the end of about eight days, the nodules have usually diminished to one-half their former size, and in eight to fourteen days are no longer than a lentil. Suppositories are rarely necessary and applications of aluminum acetate solution should suffice. Absolute rest is necessary during the first three or four days. Under careful medical supervision, this procedure can be carried out at the patient's home.—International Journal Surgery.

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**The Present Status of the X-Ray.**—The results obtained by the X-ray in superficial epithelioma, especially facial, are certainly marvelous, numberless inoperable cases having been absolutely cured. It is a dangerous agent, however, and should be handled by an

expert, great danger having resulted from its application in the hands of the novice. Every inoperable case of cutaneous epithelioma should be given the advantage of its use. In deep-seated operable malignancy it has proven worthless, and valuable time should not be wasted by its application. These cases, as formerly should be relegated to the realms of surgery. Beneficial results follow its post-operative application, overlooked foci being destroyed by its application. Deep-seated inoperable malignancy should be given the benefit of its application with the idea of the relief of pain and a possible retardation of the growth, not with the idea of an ultimate cure.

Remarkable results have followed its use in ringworm of the scalp. The cure is not affected by the direct destruction of the tinea, an epilation following the application of the ray, with a consequent destruction of the food of the tinea, and thus its indirect destruction by starvation. Brilliant results have followed its use in lupus, and it is extremely useful in stubborn cases of psoriasis. Remarkable cures of other hopeless conditions have been reported, but generally speaking, therapeutically the field of the X-ray is exceedingly limited.—Maryland Medical Journal.

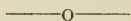
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**The Cure of the Drug Habit.**—A. Lambert, New York (Journal A. M. A., September 25), describes the treatment devised by a layman, Mr. Charles B. Towns, of New York City, which he has known of for five years, but of which the specific has been a secret until the late Opium Congress at Shanghai, at which Mr. Towns made known all the details. The specific in the treatment is the old 15 per cent. tincture of belladonna and the fluid extracts of xanthoxylum (prickly ash) and the fluid extract of hyoscyamus, mixed in the following proportions: tincture of belladonna 62 grams (3ii), fluid extract of xanthoxylum and fluid extract of hyoscyamus aa 31 grams (3i). While this specific is being given patients do not suffer from the intense diarrhea which usually accompanies the withdrawal of morphine but, on the contrary, they require energetic purgation. He prefers for this purpose the compound cathartic pills of the Pharmacopeia and the vegetable sarthartic (B. P.) pill, to which he adds minute doses of capsicum, ginger, and croton oil. He gives the treatment in detail. After cleaning out the bowel with 4 cathartic pills and 5 grains of blue mass and an enema, he begins with the specific, giving from 6 to 8 minims at a dose, every hour throughout the treatment, or until some sign of a belladonna intoxication is observed. Every 6 hours he increases the dose by 2 minims but does not go above 16 minims

at a dose. If signs of intoxication appear he stops the specific until the symptoms subside and then begins again with 8 minim doses, except in very susceptible patients in whom 4 or 5 minims may do. He gives with the first dose of the specific, from one-half to two-thirds of the usual daily dose of morphine or other drug in 3 doses at half-hour intervals and waits 14 hours and then repeats the cathartic dose and again repeats it 6 hours later omitting the blue mass. It is essential that the cathartic should act at this time and it is astonishing how difficult it is sometimes to induce cathartic action. He says: "After the bowels have acted, but not before, one-third or one-half the original dose of the narcotic may be given. This will make the patient comfortable and contented and ready for the final stage. Twelve hours after the second dose of the narcotic again give 4 compound cathartic pills or from 4 to 6 B. P. pills with 5 grains of blue mass, and 6 hours later give an ounce or more of castor-oil disguised in coffee or orange juice, but not in whiskey. Just before the castor-oil acts, one may have to give from 2 to 5 grains of codein phosphate, hypodermically or by mouth, to quiet the nervousness and discomfort. This is not always necessary, but it adds to the comfort of the patient and does not tie up the secretions as does opium or morphine. The castor-oil at this time will produce a characteristic stool, which shows that the entire treatment may cease. This is a liquid green stool, composed of mucus and bile. When this stool occurs, or shortly afterward, the patient often will feel suddenly relaxed and comfortable, and the previous discomfort ceases. The transition from discomfort to relaxation and contentment is often strikingly marked. After the patient has been under treatment for 30 hours, one should begin to give some cardiac stimulant, such as strychnin, 1-60 to 1-30 grain, every 3 hours, or digitals or strophanthus, either one of these, separately or in combination. These tend to overcome the relaxation of the vascular system, which in these patients often produces "feeling of exhaustion." The diet of these patients during treatment should be regular and of easily digested food. After they have completed the course of treatment the appetite becomes ferocious and care must be taken that they do not over eat. The treatment of alcoholics with this specific differs slightly though the same dosage is used, though not for so long a time as a rule. Most alcoholics are more sensitive to belladonna effects and the symptoms of intoxication must be looked out for and attended to. Very often the patients are taking several in combination and this should be taken into consideration in the allowance of the narcotic. When cocain and morphin



are taken together the initial dose of morphin should be smaller than above stated. Cocain is itself so strong a stimulant that when it is withdrawn it is often necessary to give a stimulant like strychnin from the very beginnng. All that is claimed for the treatment by Lambert is that it will destroy the craving for the narcotic drug or alcohol, which is often so difficult to overcome. He gives a tabulated statement of the treatment in a number of his cases.



**Dangers of the Bier Treatment.**—The Medical Record of June 12, 1909, states that since the first publication by Bier of his method of treating acute and chronic inflammations by passive hyperemia this therapeutic agent has received many adherents. As frequently happens, however, in other cases, the results obtained by the author of the method and those especially trained by him are not always equaled by others who attempt the procedure without sufficient practical experience. In an article in the *Deutsche medicinische Wochtnschrft* of May 13, 1909, Arthor Schafer shows that there may be danger in artificial hyperemia even when it is properly induced. The author has had extensive experience with the method, and his early skepticism due to failures was replaced by enthusiastic support after a visit to the Bonn clinic, where he learned to use the apparatus properly. He however reports a case of an example of one of the dangers of the method.

The case was that of a man who, following an injury, had severe phlegmon of the arm. The application of the bandage was followed by immediate relief of pain and fall of temperature. Moreover, the marked edema caused by the pressure concealed for several days the presence of a periosteal abscess, which was allowed to advance much farther than it otherwise would have done. After incision and continued hyperemia the wound slowly healed, but a radial paralysis developed. The author, thinking that the pressure of the bandage might be causing this, removed it, but a sudden exacerbation of pain compelled him to apply it again in a few days. The paralysis progressing, an exploratory incision was made over the radial nerve. It was found that the paralysis was not due to pressure but to a neuritis and the firm adhesion of the nerve to the site of the old periostitis. The author believes that if he had removed the compression at the first signs of paralysis, and had not been led astray by the relief of pain, he might have prevented, or at least arrested, the progress of the trouble.

This case shows that artificial hypermia is not the panacea

which some consider it. Bier himself urges great care in diagnosis and selection of cases for treatment, and this cannot be too strongly insisted upon. The treatment is certainly of value and can be applied in a private office or in an out-patient department as well as in the hospital wards, factors which makes it of great practical use. Enthusiasm, however, should not be allowed to carry one to the extent of carelessness. Passive hyperemia is an important and valuable therapeutic aid, but, like every other good thing, it is capable of much harm if improperly used.—The Therapeutic Gazette.

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**Nasal Hemorrhage.**—For the control of nasal hemorrhage tampons can be readily prepared as follows: A layer of cotton is wound around a penholder or similar object until the desired thickness is obtained and then withdrawn. The cotton cylinder is then moistened, squeezed dry, and inserted into the nasal cavity. If the projecting end of the tampon is now moistened it will swell up and thus produce sufficient compression.—International Journal of Surgery.

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**Physical Diagnosis According to Mr. Dooley.**—There is a delicious humor in the following which medical men cannot fail to appreciate. Mr. Dooley says:

"By that time I'm scared to death, an' I say a few prayers, whin he fixes a hose to me chest an' begins listenin'." "Anythin' going' on inside?" says I. "'Tis ye'er heart," says he. "Glory be!" says I. "What's th' matter with that ol' ingin?" says I. "I cud tell ye," he says, "but I'll have to call in Dock Vinthricle, th' specalyst," he says, "I oughn't be looking at' ye'er heart at all," he says. "I niver larned below th' chin, an' I'd be fired be th' Union if they knew I was whrrukin' on th' heart," he says. So he sinds f'r Dock Vinthricle, an' th' dock climbs me chest an' listens, an' then he says: "They'se somethin' th' matther with his lungs too," he says. "At times they're full iv air, an' again," he says "they ain't," he says. "Sind f'r Bellows," he says. Bellows comes and pounds me as though I was a roof he was shinglin' an' sinds f's Dock Laporattemy. Th' dock sticks his finger into me side. "What's that f'r? says' I "That's McBurney's point," he says. "I don't see it," says I. "McBurney must have had a fine sinse iv humor. "'Did it hurt?" says he. "Not", says I, "as much as though you'd used an' awl," says I, "or a chisel," I says: "but," I says, "it didn't tickle." The end is: "They mark out their wurruk on me with a piece iv red chalk, an' if I get well I look like a red carpet.—American Medicine.

**HIS NEW BROTHER.**

Say, I've got a little brother,  
Never teased to have him nuther;  
But he's here.  
They just went ahead and bought him,  
And last week the doctor brought him—  
Wa'nt that queer?

When I heard the news from Molly,  
Why, I thought at first 'twas jolly,  
'Cause, you see,  
I s'posed I could go and get him  
And then, mamma, course, would let him  
Play with me.

But when I had once looked at him,  
"Why!" I says, "My sakes, is it him?  
Just that mite!"  
They said, "Yes," and "Ain't he cunnin'?"  
And I thought they must be funnin'—  
He's a sight!

He's so small, it's just amazin',  
And you'd think that he was blazin',  
He's so red;  
And his nose is like a berry,  
And he's bald as Uncle Jerry  
On his head.

Why, he ins't worth a dollar!  
All he does is cry and holler  
More and more;  
Won't sit up; you can't arrange him—  
I don't see why pa don't change him  
At the store.

Now we've got to dress and feed him,  
And we really didn't need him  
More'n a frog;  
Why'd they buy a baby brother  
When they know I'd good deal ruther  
Have a dog!

—Joe Lincoln in L. W. W. Bulletin.

# THE JOURNAL

## OF THE

# Kansas Medical Society.

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Vol. IX.

KANSAS CITY, KANSAS, NOV., 1909.

No. 11

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### SCAR TISSUE IN THE UPPER RESPIRATORY TRACT.

W. E. McVEY, M. D., Topeka, Kansas.

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Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

It is a fairly noticeable fact that conservatism grows with age and experience. There may be differences of opinion as to the true explanation of this fact. By some it may be attributed to lack of courage or failure in skill or dullness of perception, but others will see in it a closer estimate of ultimate results, made possible by closer observation and larger experience. The fact that one is slow to reach a conclusion is not necessarily an evidence of mental decrepitude. A great philosopher has suggested that first conclusions are likely to be faulty and I think each one of us will be willing to admit a frequent proof of this assertion. It is only after all of the facts are known that a conclusion can be definite and certain.

After years of experience one is inclined rather to estimate the value of any form of treatment by its ultimate rather than its immediate results though the latter may be strikingly beneficial at the time.

The upper respiratory tract and particularly the nose has been a resourceful field for the general practitioner as well as the specialist and any one whose periscope has been narrowed down to this field for a considerable time must find therein much to favor the development of conservative ideas. The nose has never been looked upon with the respect accorded to the eye and ear and most other organs of the body. There has always been an important function to consider in connection with the eye or the ear but the sense of smell has never been considered of much importance and sometimes it really seems to be an inconvenience. The respiratory function of the nose has apparently been regarded as that of



an ordinary flue through which air is admitted and discharged. Regarding it as an organ with no function of importance and fairly accessible, an ambitious and investigating operator will find no hindrance to his progress in nasal surgery. There certainly can be no other explanation for the extensive removal of tissue from the nasal passages as evidenced by the cicatrices frequently found. There certainly can be no explanation for the removal of turbinates and extensive operations upon the septum in many of the cases we see except an intention to make a larger passageway for the air.

Considered as an organ of the body with a vital function of no little importance, the nose will not be so frequently nor so fearlessly invaded as seems now to be the practice.

No one will deny the necessity for operative procedure in the nose, even very extensive operations, in certain cases, but a careful consideration of ultimate results and a serious comparison of these with the conditions to be relieved should justify the procedure.

The most important function of this organ is its respiratory function. Just how far true respiration, that is an interchange of oxygen and carbon-dioxide, takes place in the nose is not determined, but we are certain that herein the inspired air is prepared for admission to the more delicate structures of the lower respiratory tract it is saturated with moisture in passing through the nasal passages so that the membrane of the lower respiratory tract, less abundantly supplied with secreting structures, may not be deprived of its protecting lubricant. It is modified in temperature so that no matter what the external temperature may be, it reaches the bronchi at about blood heat. It is purified under ordinary conditions by the removal of suspended foreign material as it passes through the fibrissal at the nasal orifice and over the moist irregular walls of the nose.

The proper performance of this function, or the perfect modification of the inspired air, depends upon the integrity of certain structures, especially the capillary net-work in the turbinate bodies, the glands and the epithelial covering. It also depends somewhat upon the relative size and shape of the nasal passages. The normal passage through the nose is rather narrow and so constructed that the air current must deviate considerably from a straight course, but so that it comes in contact with a much larger mucous surface. This is important for the modification of temperature and for the moistening and purification of the air. When a nasal chamber is greatly enlarged the respiratory function is imperfectly performed because of the much larger volume of air admitted. When the turbinates are partially or wholly removed or large areas

of scar-tissue produced by an operative procedure or by some disease process, the same impairment of function results because of the diminished mucous surface. There must be a fairly constant relation between the amount of air admitted and the amount of normal functioning tissue or the perfect modification of the inspired air does not take place.

In a case of nasal obstruction it is not enough to make a larger channel through which the air may pass; we must consider the possibilities of regeneration in the tissues wounded and of restoration of function in the structures of the occluded nostril. In some cases of occlusion these functions may have been permanently destroyed either by simple atrophy or by some inflammatory process. What then is there to oppose an operation to relieve the obstruction? The nasal respiratory function is essentially for the protection of the structures below and it may be that the free admission of unmodified air through a nostril in which this function is destroyed will result in more serious injury than any that might be caused by the obstruction.

Regeneration of epithelium is fairly complete after extensive injuries to the skin and also after ulcerations of the bronchi and trachea and we find perfect replacement of the epithelium of the nasal membrane after extensive destruction, provided the underlying structures have not also been destroyed. Even glandular epithelium may be fairly well restored if a portion of the old gland remains, but ciliated epithelium is imperfectly restored. Even a fairly perfect restoration of epithelium however depends upon the existence of favorable conditions not always attainable in the nasal passages. Certainly the most important parts of the nose involved in the respiratory function are the turbinate bodies and when once destroyed these are not restored. When any part of of a turbinate body has been removed its place is usually filled with scar-tissue which does not take on either of the functions of the original structure.

We have not only to consider the disturbance or loss of function which is likely to result from many of our operations but we must consider what conditions may arise from the presence of scar tissue. It is peculiarly sensitive and easily becomes inflamed and painful. It never takes on functions of the normal tissue and is devoid of secretion. Having no secretion of its own it comes to be a good lodging place for other secretions and we frequently find these areas of the membrane accumulating muco-purulent material. If it is covered with epithelium it is only a thin layer and not ciliated so that the secretion is not moved along as in the

normal nose. The epithelium being only a thin layer this area of tissue is easily denuded and easily inflamed and it is not uncommon to find here a coagulated exudate which causes further irritation and greater denudation. Such a process is frequently found upon the septum after operations for the removal of spurs and after the older methods of operating for septal deformities.

More serious conditions arise from the presence of scar-tissue in the naso-pharynx and pharynx than in the nose. A chronic naso-pharyngitis of the atrophic form frequently occurs in young adults who have had adenoid operations some years before with inadequate treatment following the operation. Many operations upon tonsils are followed by adhesions of the remaining stump to the faucial pillars with contraction in the fibrous stump and enlargement of the crypts with frequent collections of cheesy plugs, inflammation and suppuration. Even in some cases where a complete dissection of the tonsil has been made the membrane has been stripped from the adjacent surfaces of the pillars and a large area of sensitive, painful, scar-tissue results.

These unfortunate results most frequently occur at the hands of those who on account of a very large and varied practice have no time for close observation in any particular field, or those who deem the upper respiratory tract of too slight importance to merit any investigation in detail. An excellent practitioner, whose judgment in most other directions is to be depended upon, will approach an operation for the removal of tonsils with the utmost confidence in its simplicity and freedom from danger. He apparently does not appreciate the relation between the conditions following his operation and the chronic pharyngitis with which his patient is subsequently afflicted, any more than he appreciates the cause of the conditions following reckless enlargement of the nasal passages. I certainly would not attribute all of the bad results to the work of the general practitioner nor do I deny his right to treat any kind of case that falls into his net. However I must insist that when he invades the realms of the specialist he should study in detail the nature and function of the tissues with which he has to deal, and until he has done so he should not exhibit too great a confidence in his ability nor too loudly decry the exorbitant fees of the specialist. I insist that in a case of deviated septum with nasal occlusion he shall not make a hole through the septum nor remove the lower turbinate when an operation upon the septum for correcting the deviation is possible. I insist that he shall not reduce enlarged turbinates with cutting forceps or scissors when the same results can be accomplished with a minimum of scar-

tissue by other methods of procedure. I insist that when in his judgement a tonsil is sufficiently diseased to require removal that he shall not leave a part of the diseased tissue to become adherent to the pillars; and that if he persists in following the obsolete method of tonsillotomy he shall avoid the removal of a part of the pillars. Even in the worst forms of adherent tonsils it is possible to do a careful tonsillectomy with a minimum of scar-tissue resulting and with no adhesions.

If we as specialists would study more carefully the functions of the tissues with which we have to deal and would give proper consideration to the ultimate results of our operations, there would be less incentive to devise new operations by means of which to perpetuate our names and no inducement for the invention of new instruments to further burden our already overcrowded armamentarium.

I occasionally see a gentleman who shows the marks of various operations upon his nose and throat. Both lower turbinates have been mostly removed and there is an opening through the outer wall of the nose into the maxillary antrum through which a pencil may be passed and from which plugs of mucus are frequently brought forth. His uvula has been clipped close up to the velum and the posterior pillars have been partially removed and the remaining portions are closely adherent to fibrous stumps of tonsils in which several enlarged crypts constantly fill with plugs. The posterior wall of the pharynx has been freely cauterized and strips and patches of scar-tissue are clearly defined on its surface.

This case simply illustrates the lack of consideration for the patient and his future which attends the work of the specialist in this field.

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## MENTAL DERANGEMENTS AFTER INFECTIOUS DISEASE.

H. L. CHAMBERS, M. S., M. D., University of Kansas.  
Lawrence, Kansas.

Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

In all the fields of medicine there has been general agreement that every sick man is mentally sick. Indeed, this idea is so well established and so familiar to our thought that we sometimes become unconscious of it and overlook it entirely. If we had kept fully alive to the logical relations of this fact, every complete medical school would maintain a psychological laboratory which, like every other medical school laboratory ought to articulate on the



one side with physiology and on the other with pathology.

One can scarcely think of disease or trauma, without pain fever, or intoxication, singly or in combination, and these, be it remembered, are prime factors in producing disturbances of mental function. Most of these disturbances are so small as to be safely disregarded in practice. Comparatively few are of sufficient importance to be considered borderland cases, and very few indeed, are so upset as to warrant any official removal of the ordinary legal and other responsibilities.

During the fastigium of any infectious disease we expect an elevation in the temperature which will in most, if not in all cases, cause some modification in the mental function. The mere increase in heat would probably do it, but there is also the cerebral hyperæmia, and in some degree a toxæmia—either as cause or effect of the pyrexia—which together with the rise in temperature are practically certain to cause mental derangement. Some cases show such a small variation in temperature that it seems safely negligible. In these the toxæmia is probably the factor of chief importance. Such a toxæmia is conceivably due to bacterial products, to cell products, or to products of intestinal putrefaction. The hopefulness of the tuberculous is probably an example of the first, the hopelessness of uræmics of the second, and the hilarity of a child in the first stage of cholera infantum a specimen of the third.

A scarcity of oxygen or an excess of carbondioxide may cause a disturbance of mental function. A lack of water also causes hallucinations and other abnormalities of mentality.

Each disease shows a specific individuality, and this appears in the form and degree of mental aberration as characteristically as in any other signs or symptoms. Like other symptoms too, psychoses sometimes fail to stop and the crippled, deranged, or distorted function persists after the other phases of the disease have disappeared. Indeed, one may well wonder that any serious disease does not more frequently leave an appreciable and lasting damage—"settle" somewhere as the old fellows used to say. Such damage occasionally results in a psychosis of some sort.

Lying-in women are peculiarly liable to delusions, not exactly of persecution, but rather of neglect, these being not so fixed but that they may be uprooted and usually disappearing in a month or so of themselves. I gather from statistics mentioned by Berkley some interesting and suggestive facts which are mentioned below: Postpartum insanities were more frequent under the old practice than they are now, due, probably, to the former

greater frequency of infection, of retained material, and of auto-intoxication per intestine. Williams of John Hopkins reports two cases of maniacal hallucinatory insanity which seemed to depend on a streptococcus infection. Berkley adds another case. In connection with the fact that one may expect psychoses to follow erysipelas in eight to ten per cent of the cases, it seems reasonable to conclude that the streptococcus is at least a common cause of puerperal insanity following infection. This may be too high a percentage for post erysipelas psychoses in this region. In probably twenty-five cases of erysipelas, I have been able to recognize only one case of mental derangement.

The post influenzal psychoses that I have seen have all been of the depressed sort—all highly discouraged, expecting to die, maybe even hoping to do so. One had homicidal notions and required some watching.

Phthisis is supposed to produce the extremes of mental aberration. I have seen only one who showed the "hypochondriacal-melancholic disposition". Practically all the cases have the "undue elation" in some degree.

About thirty-three percent of typhoid fever cases show febrile delirium and nearly one percent shows post febrile psychoses. The deeper the intoxication the more probable the delirium and the higher the fever the more likely the psychosis.

The delirium of pneumonia may continue as a psychosis. Eighty to eighty-five percent of such cases are said to recover. I have seen three very well marked cases after the broncho-pneumonias of children, all of which made perfect recoveries.

In nineteen thousand insanities in New York, malaria seemed to have been the ætiological factor in seven. Reports on a long series of cases of paludism in Bulgaria showed that two percent developed a psychosis. Outlook on malarial cases is good.

Scarlatina is said to be rather a frequent cause of mental disturbance in infancy and childhood and a cure is more difficult than after any other infectious disease. but the scarlatina of this region is essentially milder than that of New York and Pennsylvania (according to reports) and it seems here a very infrequent cause of mental disturbance. In more than two hundred cases, I have never recognized this sequel.

O. Heubner says that the delirium in the convalescence of measles resembles the post pneumonic mental disturbances of adults—disagreeable hallucinations and aggressive dislike to having people near. He also spoke of convulsions and possibly paralysis in the same connection. Others speak of the invariably

favorable prognosis in the post morbilli psychosis. Berkley says "psychoses in asiatic cholera, in variola, and in measles are so rarely seen that it is needless to treat of them here". This rarity has led me to hope that you will be interested in the following case:

Mr. P. æt. 30, with nothing of especial interest in personal or family history appeared on May 15 complaining of a cough. Pulse 115, bowel slow, coated tongue. Measles suspected. May 16, pulse 110, no stool yet, tongue worse coated, cough more annoying, vomiting a little, rash coming out, diagnosis of measles made positive. May 17, temp. 104. pulse 120, no record on bowel, tongue cleaning, cough better, rash increasing, eyes running muco-pus. May 18, temp. 100, pulse 94, resp. 20, bowel slow, tongue coated, emesis frequent. May 19, temp. 98.5 pulse 85, tongue cleaning, cough better, emesis stopped, remarkable development of rash still persisting. Patient dismissed as convalescent. During the illness he had been pretty stupid much of the time but as temperature went down began to show much interest in his family and especially in his business. May 23 go back on hurry up call and find him wildly delirious. Had been in a quarrel with a man in his restaurant, no sleep for three days, about "all in", but still professing loudly that he is "all right". Temperature now 99, pulse 85, tongue dry, complains of pain in leg. Unable to find any indication of inflammation in middle ears, mastoids, or meninges. May 24, morning, temp. 98.5, pulse 90, bowel O. K., no pain, tongue coated, sweats freely after a bath, delirium active, sometimes fairly coherent, "temperish". Evening of same day, temp. 98.4, pulse 90, bowel moved again, tongue coated, somewhat improved, still mentally uneasy. May 25, record lost. May 26, morning, temp. 98, pulse 80, resp. 20, bowel O. K., no pain, tongue less coated. Slept well, still delirious. Evening, temp. 98.5, pulse 84, resp. 21, bowel O. K., pain in back of neck, tongue more coated. Some one talked business with him for a moment during the afternoon and he then had a period of excitement. Now has a story of impending death and rescue by prayer though he does not pray when well. May 27, temp. 98.8, pulse 108, no pain, tongue red and spotted, slept fairly well. Begging much of the time for food but eating little or nothing when it is brought. May 28, still about to die, seeing visions, etc., making decisions, and the like. May 30, temp. 98.4, pulse 104, tongue clean, still delirious, and still hungry. June 1, temp. 98.4, pulse 110, bowel O. K., tongue spotted, hungry, apparently sane part of time, recognizes some of his hallucinations himself, and tells of others,—people striking matches in the night, persons whist-

ling, hears a prominent doctor across the street catching a chicken, etc. June 2, still improving, seems sane most of time. Dismiss him and he goes to country to complete convalescence. Later, he came back to town and worked for a time at his business and then went into another state to rest among friends. He left these and had an interesting string of experiences in hotels, jails, and in the hands of the police. Family brought him home and put him in sanitarium. Now seems mentally clear part of time but is easily excited, rather temperish, and has some fixed delusions about hypnotism, electricity, and his own power as a money maker. Refuses to stay in sanitarium and is finally adjudged insane in the probate court on August 10. Drifted through his family and the sanitarium to the state hospital where he remains about the same up to date, Oct. 1.

In closing the story of this case it seems proper to say that a more careful canvass of the situation shows that he comes of a neurotic family and that patient himself had been rather a constant drinker, though rarely going to any great excess in it.

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## THE ETIOLOGICAL FACTORS PRODUCING THE NON-SUPPURATIVE OR DRY CATARRH OF MIDDLE EAR.

DR. W. H. GRAVES, Pittsburg, Kansas.

Read before the Southeast Kansas Medical Society, Oct. 5, 1909

It is the experience of every otologist to be often confronted with a case of non-suppurative catarrh of the middle ear in one of its stages. Oftentimes the disease has advanced to such an extent that a favorable prognosis cannot be given. When this stage has been reached, it is impossible to remove from within the middle ear, the damage that has been done, and usually all that remains for the physician to accomplish is to put the nose, the vault and the ear in as near a physiological condition as possible, and thereby try to hold for his patient, what hearing they have left. By doing this, he is doing a great good and I believe the patient should be made to appreciate the effort. At the present date, we have no specific for this trouble, and after the disease has once gotten a foot-hold, sometimes it seems almost impossible to give our patients any improvement at all.

As a rule, the majority of these patients are seen at the age of thirty, and in a great many instances, while the patient has never suffered any great inconvenience in regard to hearing, yet our tests will often show that disease has obtained a strong foot-hold.



Now, for the maintenance of good hearing throughout life, certain things must be present constantly.

The eustachian tube must be patulous; the air pressure within the ear should at all times be the same, and the circulation of the middle ear should be maintained at a constant standard. Any variation from this, if allowed to go uncorrected, may commence the foundation for the so-called non-suppurative catarrhal conditions of the middle ear.

Before going further, it is well to state that at the present time, so long as the nose and the pharyngeal vault, because of their close connection with the middle ear, are allowed to remain, in any person, in an abnormal condition, these persons have the foundation for the dry catarrh of the middle ear. Now it is not possible for adhesions to occur in the middle ear, or any other place, without first having an inflammatory condition of some nature to precede them. In keeping a close record of middle ear involvements, I have observed that a great majority of the non-suppurative catarrhs of the middle ear have occurred secondary; that is, this trouble is the result of an inflammatory condition, or repeated inflammatory conditions, of the middle ear. On examining these patients carefully, some abnormalities of the nose or the pharyngeal vault can be found. It is not unusual at all to find adenoids or remnants of adenoids, in the pharyngeal vault of these patients. It is not an uncommon thing to find adhesions around the mouth of the eustachian tube. Any one of these conditions is constantly conducive in causing repeated attacks of an acute catarrh of the middle ear, which oftentimes in the beginning of the trouble, is neglected by the patient. It is only a short time until this condition becomes chronic, with the result that adhesions form within the middle ear, finally binding down the chain of ossicles so that they become almost immovable. One can readily understand why such abnormalities of the pharyngeal vault can produce this trouble, because of the close proximity of the tubal openings. It is to be remembered that adenoids are not confined to children, but in many adults the vault is found to contain adenoid tissue. Oftentimes the vault will be found perfectly clean, yet around the tubal opening adhesions can be found, which I believe, must be the sequella of adenoid vegetation at some time; for when this condition is present there is always present an inflammatory condition to some extent.

Another very important factor in producing the catarrhal trouble of the middle ear, with its resulting adhesions, is improper drainage in the nose. Now, as before stated, I believe, in the

majority of cases, this trouble has its origin first, as an acute condition, with the resulting exudate and adhesions later. In cases where there is a deflected septum, it is impossible for drainage of the secretions to go on properly thrown out by the mucous membrane of the nose. There is always present more or less accumulation of secretion which should drain off naturally into the throat. This condition present in the nose, keeps the mucous membrane constantly below par. The eustachian tube is usually inflamed and oftentimes takes on an acute inflammatory condition which will completely close the tube. As has been stated before, several things are necessary to good hearing, and the most important is the proper ventilation of the middle ear. As we know the middle ear is an air cavity and the constant air pressure is maintained within the ear by means of the eustachian tube connecting the nose and the middle ear. Now, any abnormality of the nose or the pharyngeal vault, whether it be insufficient drainage in the nose, or adenoids or adhesions in the vault, any of these conditions can, and often do, produce an inflammatory condition of the eustachian tube. There may be always present more or less congestion of the tube, causing a more or less complete closure of the tube. Occasionally this condition will become acute, completely cutting off the ventilation of the middle ear. I also believe that adhesions in the vault of the pharynx can so distort the lumen of the eustachian tube so as to interfere with the ventilation of the middle ear. When the ventilation of the middle ear is interfered with because of some interference with the tube, the air in the ear becomes absorbed. The atmospheric pressure on the outside causes the drum to become pushed inward. The air being absorbed within the ear cavity, the constant pressure is removed from the vascular supply and a transudate occurs.

This, together with the mild grade of infection which is present always, especially when the ear takes on an acute catarrhal condition, will soon produce adhesions within the middle ear cavity, unless proper steps are taken immediately to improve the ventilation of this cavity. It must be remembered that these inflammatory conditions, which I believe, in the great majority of cases lead to the condition that is known as the non-suppurative catarrh of the middle ear, is not always associated with pain in the ear, for a great many times it is not. I have often seen this condition present when the drum membrane would be greatly inflamed, the landmarks lost, and the mouth of the eustachian tube closed, the patient complaining of nothing but a loss of hearing.

Again, you will find patients who, from time to time, complain of a stuffiness of one or both ears, with perhaps only a slight loss of hearing. Inspection of the drum will possibly reveal nothing, yet inflating the ear will immediately relieve the patient of this condition.

Sometimes, I think in the beginning, the annoyance is so slight that the patient scarcely notices anything is wrong. Again, I believe the foundation of this trouble in the middle ear commences in childhood, for, as before stated, a catarrhal condition of the tube and middle ear does not mean that our patient must necessarily suffer pain; so I believe this condition is often present in children and especially those who have any adenoid vegetation at all. In a little patient I have under observation at the present time, the mother brought the child to me saying she thought the child could not hear quite so well as a few weeks previous. The mother came, thinking possibly she was mistaken. Upon examining the patient, the ears revealed a catarrhal otitis media. The drum membrane of both ears revealed signs of an inflammatory condition within the middle ear.

It is reasonable to suppose that after this condition has occurred once, that it could occur again; possibly easier than the first time. The child may complain of nothing and the parents, in this way, be thrown off their guard.

The treatment for this adhesive, or dry, catarrh of the middle ear, is along a prophylactic line. To prevent this form of deafness, or at least to control it early in life, the nose and pharyngeal vault should be examined, especially if these patients come with a history of an ear trouble.

It makes no difference at what time in life this occurs, in the great majority of cases, I believe, by careful examination the trouble will be found to be secondary to some abnormality of the nose or pharyngeal vault.

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### REPORT OF A CASE OF SPINA BIFIDA

DR. E. A. REEVES, Kansas City, Kansas.

Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

Mother's and father's history negative. This the fourth pregnancy; her first two children were boys, and are now strong, healthy boys of nine and six years respectively. She had a miscarriage about two or three years ago, seven months stillborn and from the history must have been a hydrocephalic. Mother came



FIG. SPINA BIFIDA.

under my care during the first months of gestation. Her health during gestation was good, far above the average, no oedema of limbs or vulva, no kidney weakness, bowels regular and appetite good; did her housework and cared for her two boys whom she nursed through scarlet fever about two months before confinement. She was delivered of a four pound baby girl after a short, easy, normal labor, from which she recovered without complications. When examined the baby was found to be normal in every way save a large spina bifida in the lumbar region, the sack as large as a small orange but more flat and without any pedicle, the sack composed of a very thin almost transparent membrane



through which a leakage of cerebrospinal fluid took place for about six weeks. There also appeared an area of granulations on the posterior lower side which threatened perforation, but these finally healed entirely when the leakage stopped and such is the present condition except that the skin seems to be growing thicker and more like the normal surrounding skin. Complete paralysis of the lower limbs was present for a time but is gradually improving until now she uses her left limb quite well and can move the right slightly. She has been well and like any normal baby, nursing and sleeping and growing except some sluggishness of the bowels at times. The limbs have grown in proportion to the body as far as I can see. There has at no time been any cerebral symptoms, not even when pressure was made over the tumor.

This baby was born August 14, 1909, and is two months old today, and we hope to operate successfully on this case later.

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**QUININ AND UREA ANESTHESIA.**—A. E. Hertzler, R. D. Brewster, and F. B. Rogers, Kansas City, Mo. (Journal A. M. A., October 23), report the results of their treatment and experimental studies with quinin and urea hydrochlorid anesthesia. They have been using the drug instead of cocain in all the cases of local anesthesia to their complete satisfaction. They found, as stated by Thibault (Journal Arkansas Medical Society, September, 1907), that a perfect anesthesia is obtained which lasts from four to five hours. Disturbances in skin union sometimes occurred, however, making the wound slower to heal than when cocain is used. There was marked induration and thickening, and Hertzler undertook to determine the cause, and found that instead of being cellular it was due to a purely fibrinous exudate. To what extent this fibrinous exudate is subsequently converted into fibrinous tissue is not definitely determined but apparently nearly all is absorbed. With the 0.25 per cent. solution this induration did not occur to any notable degree, however, and this seems to be therefore the strength advisable to use in operations where speedy primary union of the skin is desirable and where anesthesia lasting more than several hours is desired. In operations in which delayed action is unobjectionable, the stronger solutions are those of choice. He gives a number of disorders where this anesthetic has been found satisfactory, such as drainage of the gall-bladder and of appendiceal abscesses, exploratory laparotomies, hernias, castrations, varicocele and hydrocele operations, etc., and especially recommends it in anal operations and tonsillectomies. The advantages over cocain are the absolute safety and duration of anesthesia.

# THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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## EDITORIAL

If ones tongue was as guarded as ones purse strings, much less damage would be recorded.

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Tis' the sun that makes its presence felt by its effulgent rays but the lesser planets, the stars by their constancy and beauty keep ever in the fore ground. This shows us that although brilliancy is much to be desired, if we lack it, this same constancy and strength of purpose will keep us from the van guard.

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An interesting experiment has been made by the Ramsey County (St. Paul) Medical Society, by changing its monthly long-drawn-out meetings to a weekly noon hour meeting. A surprisingly large attendance has been the rule since the innovation has been made.—The Medical Fortnightly.

This certainly looks good and should be successful especially in the larger cities where many of the physician's office hours are vacant from 12 to 2. At this noon hour meeting, luncheon could first be served after which the scientific program could then be carried out. It takes mighty little of a social feature to bring doctors together, but many times it takes a scintillating star in the profession, to gather together a quorum.

## THE MAN AND THE SCHOOL AGAIN.

We have read the quotation from Prof. Minot's article to which Dr. Hoxie, in the October number of the Journal, calls attention. We have also read the entire article from which the extract is taken, and desire to make some comment.

Presumably Dr. Hoxie cites Prof. Minot's statements for the purpose of strengthening the already prevalent idea that the value of a school is in direct proportion to the value of its material equipment, and that therefore only a school that commands the large resources of a state or an unlimited financial endowment can be worthy of any serious consideration.

But these same words, which Dr. Hoxie evidently endorses as authoritative and convincing, will be found to condemn to extinction practically all of the medical schools of the country, with the exception of the one with which Prof. Minot is himself connected, and which he evidently has in his mind's eye when he makes his remarkable statement. For he gives it out in these words: "Each of the sciences must have a large building, and expensively equipped. The building must afford a separate work place for every individual student, rooms for the staff, rooms for the advanced students and research; a lecture hall, library and other necessary conveniences. These are merely minimum requirements, and mean that the cost of the plant for a respectable medical school is not to be reckoned by thousands, but by millions, of dollars."

It may be presumptuous for us to venture to take issue with so eminent an authority as Prof. Minot, but we are inclined to resent the imputation that even the school with which Dr. Hoxie is so ably connected, and of which he ought to feel proud, is not a "respectable" medical school, within the definition given by Minot. And, however shocking it may seem to those who are inclined to swallow, feathers and all, whatever these big-wigs say, we are going to hazard the remark that such summary disposal of all other medical schools than the one with which he is connected, comes in bad taste from the gentleman from Boston. And we are a good deal surprised that Dr. Hoxie would parade the article in question when it puts the scarlet letter on not one but both the medical schools of Kansas, as well as those altogether in Missouri and other western states. And the worst of it is that they must wear the blush of shame for years to come. For when will there a medical plant bloom forth any where in these parts costing millions of dollars?

That a medical college ought to have an adequate material equipment, no one would attempt to dispute. But we fail to see

why this equipment must be laid out on the exact specifications ground plans and elevations so gratuitously furnished by Prof. Minot. He neglected to tell us whether the buildings should be built of reinforced concrete now so much in vogue, or of the more conventional materials, but these details will probably be forthcoming in a later article, to which we desire that our attention shall again be called.

Prof. Minot, in the article referred to, makes some other sweeping statements. For example, he says that "it is a disgrace to a university to appoint a man as professor chiefly because he is a good teacher. Such a man may be a good school teacher, but only investigators can give university instruction." And, again, he says: "The good medical school may become great which adopts as its motto: 'Great professors make a great school,' Let this be your device."

As the learned professor had in mind his own school when he gave out his pattern for material equipment, so perhaps he had a certain Harvard professor in mind when he so delicately suggested the ideal in mental equipment. But this characterization of the true professor will not be widely accepted, we are sure, for it has been the common observation of men of education everywhere that the investigator deteriorates as a teacher just in proportion as he rises as an investigator. The investigator teaches, if at all, with impatience. His mind is reluctant to run in the well worn grooves. He longs for retirement and freedom from distraction. And the universities usually afford him these opportunities he so much desires, and relieve him from the drudgery of teaching. The school may get fame from his discoveries, but the work of imparting instruction to students usually devolves on those patient and plodding workers whose names have not risen to fame.

We are having too much of this hero worship; of unquestioning acceptance of the dicta of self appointed medical censors. Because a Harvard professor, without even a medical degree, comes to the front with a bunch of dogmatic edicts regarding medical education is no reason why we should accept them as the very oracles of God. Let us at least look at them first a few times, and perhaps we shall find them unworthy of complete acceptance. Perhaps when we shall strip them of their rhetorical embellishment and the glamor of their authorship, we may find them rotten and full of holes.

Medicine is an art as well as a science. From the utilitarian standpoint it is more an art than a science. The science should only minister to the art, but often the art is neglected in the scram-



ble after science. Science can be learned in a laboratory, not necessarily in a surpassingly pretentious one, nor necessarily in what need be denominated a laboratory. Some of the greatest scientists have worked in humble and extemporized laboratories and have accomplished wonders. It chiefly depends on the man, and not so much on the school. Even the humbler schools may, as in the past, furnish many members of our noble calling who will be an inspiration and example to future generations.

O. P. D.

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## NEWS NOTES

Dr. J. R. Crawford, of Salina, has returned after an extended trip to the Pacific Coast and Canada.

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Dr. John K. Harvey and Miss Olga Carlberg, both of Salina, were married on the evening of September 29.

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Dr. J. A. McCowan, of Marietta, Ohio, has returned to his home after a month's visit with Dr. J. W. Neptune, Salina.

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Dr. L. O. Nordstrum, formerly of Assaria has moved to Salina, and will continue his practice at that place.

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Dr. Clifford P. Johnson, K. U., '09, has located in Lawrence, where he works in the department of physiology in the state university.

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The council of the Kansas Medical Society will meet in December. The date or place of meeting will be announced in the December issue.

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Dr. C. B. Steimen will shortly leave Kansas City, Kansas for his former home Fort Wayne, Ind., where he will again resume the position as surgeon for the Pennsylvania Railroad.

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On the basis of 150,000 deaths yearly from tuberculosis, in the United States the National Association for the study and Prevention of Tuberculosis computes that there are 684,934 persons constantly sick with this disease. Allowing only 500 as the average earnings of the workingman who dies, the annual loss to the country from the ranks of labor alone, is over \$114,000,000 each year.—Ohio Medical Journal.

**Must Make Reports.**—Sedgwick county is to be the seat of war on physicians who do not obey the state health laws as regards the reporting the births, deaths, and contagious diseases. The State Board of Health has instructed Dr. Walton I. Mitchell, Wichita, county health officer, to institute proceedings against physicians who fail to obey the law.

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Dr. E. M. Shorer has recently joined the faculty of the medical school of the university of Kansas as associate professor of pathology. Dr. Shorer had his M. D. degree from John Hopkins, spent a year in the Rockefeller Institute, two years in the department of pathology in the University of Missouri, and one season in the pathological laboratory of the New Harvard Medical School. He greatly strengthens this department.

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**Medical Defense in Michigan.**—The Michigan State Medical Society has adopted the plan of defending its members against suits for mal-practice. The by-laws were amended so as to provide for an initial assessment of \$1.50 from each member of the Association for the year 1910, and an annual assessment thereafter of \$1.00 per year. Some objections were raised against the plan, but we believe these will disappear. The benefits to the members are fully understood and the practical application of the system will clearly demonstrate its importance, both as a protection against and a preventive of malpractice suits.—Missouri State Medical Journal.

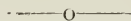
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There were thirty-five applications for certificates to practice medicine in Kansas, but only sixteen of them passed the examinations given by the state board of Medical registration here. The examination was held at Topeka, Oct. 13-14. The successful applicants were U. B. Chrane, Norcatgur; M. G. Emery, Hiawatha; R. A. Cowden, Olathe; D. A. Holland, Wichita; B. B. Jackson, Missouri; W. E. Knox, Norcatgur; L. A. Kerr, Lincoln; W. E. Lamb, Lincoln, Neb; L. A. Latimer, Anderson; R. S. Love, St. Joseph, Mo.; R. O. Logston, Wichita; J. C. McGill, Topeka; Mollie E. Scott, Kansas City; Mrs. E. B. Slosson, Sabetha; E. C. Taylor, Hutchison; L. A. Wise, Atlanta.

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**Pennsylvania Medical Association** condemns the Use of Sodium Benzoate.—In the course of the annual meeting of the Medical Society of the State of Pennsylvania, which was held in Philadelphia during the last week of September, the House of Delegates

adopted vigorous resolutions condemning the use of food preservatives of all kinds, mentioning specifically benzoic, boric and salicylic acids and their compounds. In the opinion of the society "such preservatives are unnecessary and detrimental to the public health." The resolution concluded with the following words: "This society endorses the stand taken by the American Medical Association in its fight against food adulteration and its action in appealing to Congress for immediate amendment of the National Food and Drugs Act. This society endorses the stand taken by Dr. Harvey W. Wiley, in his campaign for pure food and pure food legislation."



**Medical Men As Makers of History.**—In the recent discovery of the North Pole by Dr. Frederick A. Cook, added laurels have accrued to the profession aside from research along purely medical lines. The attainment of this geographical point that has been sought for over three hundred years and cost the lives of some of the world's boldest explorers, will stand out as one of the great achievements of the century. Another name has been added to the roll of honor of those physicians who have distinguished themselves in the world of science, literature and exploration. The polar expeditions of Dr. Cook and those of Dr. Elisha Kent Kane, augmented by the work of Dr. John Rae on Arctic exploration and Eskimo life, have materially helped to solve the long impenetrable mysteries of the frigid zone; while the explorations of Dr. David Livingstone, in Africa, have placed a large part of that continent upon the map which was formerly a blank, and has given the world a knowledge of the manners and customs of some of the long unknown tribes of the torrid interior. Our own Drs. John McLoughlin and Marcus A. Whitman were men of the same indomitable spirit but not so well known, yet they endured the hardships of frontier life and braved the treachery of savage tribes to assist in colonizing and saving the Oregon Territory for the nation.

Not only as explorers and adventurers do we find the medical man in the front rank, but if anything he seems to have excelled along literary pursuits. Dr. Josiah G. Holland founded Scribner's Magazine and was afterwards its editor, as well as holding a similar position on the Century. Dr. Max Nordau's works on political social, economic and religious questions are among the most authentic along these lines and one would little think the author of the charming historical novel, "Hugh Wynne," was Dr. S. Weir Mitchell, the famous authority on nervous diseases. Again there is nothing in the "Last Leaf" or the "Chambered Nautalus"

to suggest Dr. Oliver Wendell Holmes, the physician and professor of anatomy in Dartmouth and Harvard. Dr. A. Conan Doyle not only spent four months in the Arctic seas, but has become famous through his great character, "Sherlock Holmes"; and the child stories of Dr. John Brown, such as "Rab and His friend," are among the best in their class

While we are mentioning the names of physicians who have become famous in other avocations and assisted in making history, let us not overlook the ranking officer of the Army of the United States, who began his career in the medical corps and through perseverance and merit is now Major General—Dr. Leonard Wood. —Northwest Medicine.

England's great statesman Gladstone, is said to have made the remark: "Physicians will yet rule the world." This looks to us like a step in this direction.—Ed.

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## SOCIETY NOTES.

Dr. S. C. Emley, of Lawrence made an address before the Washington County Medical Society, October 8th, on the subject of "Tuberculosis". Dr. Emley is well qualified to speak upon this subject and his address was appreciated by those present.

W. M. EARNEST, Sec'y.

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The Wyandotte County Medical Society commenced its regular sessions after the summer vacation, October 12. Dr. L. F. Barney read a paper on the "Treatment of Tuberculosis of the Joints" which was accepted and widely discussed. The society indorsed a plan submitted by Dr. J. A. Fulton Secy' of the Board of Health to turn the small-pox hospital into a tuberculosis hospital. There were 21 present at the meeting.

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The October meeting of the Saline County Medical Society, was held in Salina and the regular order of business was varied somewhat, to give added interest to the meeting. A feature of the evening was a paper on "Reinfection" by Dr. H. N. Moses, in which the subjects of serums, toxins and vaccinations were fully discussed. The paper was illustrated by stereoptican views from original drawings. Visitors drive in from surrounding towns and counties and new members are being continually added to the society.

O. R. BRITTIAN, Sec'y.



The Elk County Medical Society met at the Metropolitan Hotel, Howard, Kans., October 20th, at 1:30 p. m., with Dr. J. F. Costello, President in the chair. A very interesting clinic was presented by Dr. Hays, and a short discourse on the 'Duties of County Health Officers' by Dr. Grimmell. Owing to the inclement weather the out-of-town members were not well represented. The meeting was spirited and very profitable to all.

Members present: Dr. Day of Longton, Drs. Costello, Hays, Grimmell, Swan and DePew of Howard.

F. L. DEPEW, Sec'y.

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The Southeast Kansas Medical Society held a very successful meeting at Fort Scott, October 5th. The President, Dr. Payne called the meeting to order at 2:30 p. m., in the Masonic Temple. The session was carried out as outlined in the program. The Bourbon County Society gave the visiting physicians an automobile ride about the city followed by a dinner at 6 o'clock. The next meeting will take place at Pittsburg the second Tuesday in April, next. Following is the program: "Placenta Praevia", Dr. J. D. Walthall; "A Report of One Hundred Accouchements", Dr. J. C. Lardner; "Abnormalities of the Gravid Uterus" Dr. Francis A. Harper; "Internescine Forces," Dr. J. W. Bolton; "Anæsthetics", Dr. C. F. Harper; "Quinin Anæsthesia", Dr. A. E. Hertzler;; Paper, Dr. Geo. W. Cale; "The Etiological Factors Producing the Non-suppurative or Dry Catarrhal Conditions of the Middle Ear", Dr. W. H. Graves.

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The Northeast Kansas Medical Society had its fall session at the Grund Hotel, in Kansas City, October 14.

There were forty-six in attendance, with an unusually large proportion from out of town. Program was carried out as printed last month, with a few omissions. In addition to the regular program, Dr. Reeves showed an interesting case of spina bifida, Dr. Lowman reported some unusual surgical cases and exhibited specimens, and Dr. May reported a case of calcareous degeneration of the eye and demonstrated it on the specimen.

The Wyandotte Medical Society gave a complimentary dinner at the Grund to the Society in the evening. With the dinner went the personal hospitality for which the Kansas City profession is so justly noted.

Lawrence was fixed as the meeting place for the annual session in February.

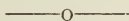
H. L. C.

The last regular monthly meeting of the Saline County Medical Society was held on September 9, at Gypsum, Kansas, instead of Salina, the usual meeting place. Many went from Salina and the attendance was large.

An interesting program had been prepared by the physicians of Gypsum. Dr. E. W. Hawthorne read a paper on "The Business Side of the Profession"; Dr. H. W. Graves read a paper on "The Neuroses and Psychoses Following Complete Hysterectomy." Dr. J. W. Neptune, of Salina, gave a paper on Veratrine;" Dr. E. R. Cheney presented a number of rare clinical cases.

Other diversions in addition to the program made the day a most profitable and pleasant one.

O. R. BRITTIAN, Sec'y.



### PRELIMINARY PROGRAM OF THE SOUTH-WEST MEDICAL ASSOCIATION.

The meeting will be held at San Antonio, Texas, November 9, 10, 11.

#### **Tuesday, November 9, International Club Rooms.**

10:30 a. m. General session and addresses of welcome and responses. Meeting of Executive Committee; 2 to 6 p. m. International Club Rooms, scientific section work; 8 to 10 p. m. International Club Rooms, general session; The President's Annual Address, Dr. Jabez N. Jackson, Kansas City, Mo; Oration on Surgery, Dr. M. L. Harris, Chicago, Ill; Oration on Medicine, Dr. Geo. Dock, New Orleans, La; 10 to 12 p. m. Stag social and smoker.

#### **Wednesday, November 10, International Club Rooms.**

8:30 to 9:30 a. m., General Session; 9:30 to 12. Scientific section work; 2 to 3 p. m., The Medical Association of the Southwest meeting with the Fifth District Medical Association; an oration of general interest and the election of district officers. 3 to 6 p. m., Scientific section work; 8:30 Reception and banquet for the doctors and visiting ladies.

#### **Thursday, November 11, International Club Rooms.**

8:30 to 9:30 a. m., General session, report of officers and all committees.; 9:30 to 11 a. m., Scientific section work.; 11 a. m., to 1 p. m., Election of officers, selection of place for next meeting, etc., and adjournment; 3 to 5 p. m., Automobile ride over city for the doctors and visiting ladies; Committee meetings will be called as far as possible so as not to conflict with the work of the scientific section; Special excursion to "City of Mexico" will leave at 1. a. m. November 13; Sleepers will be ready for occupancy af-

ter 9:30 p. m., so that those desiring to do so may retire at the usual time.

### Program for Section in Surgery.

Chairman, J. A. Foltz, Fort Smith, Ark; Vice Chairman, R. H. Barnes, St. Louis, Mo; Secretary, E. H. Martin, Hot Springs, Ark; Some Observations of the After Treatment of Abdominal Section, C. A. Thompson, Muskogee, Okla; Abdominal Operation Preparation and After Care, Howard Hill, Kansas City, Mo; Vesico Abdominal Fistula, Le Roy Long, So. McAlester, Okla; Paper, subject to be announced, D. A. Myers, Lawton, Okla; Consideration of the Operative Patient, H. C. Crowell, Kansas City, Mo; Some Takes and Mistakes as Demonstrated by the X-Ray, E. S. Lain, Oklahoma City, Okla; Tubercular Fistula in Ano, with report of cases, E. H. Thrailkill, Kansas City, Mo; Surgical Consideration of the Pneumococcus, Dr. Blesh, Oklahoma City, Okla; The Pathological Aspect of the Pneumococci in Surgical Cases, Clarence E. Lee, Oklahoma City, Okla; Osteophytes of the Oesophagus, J. D. Griffith, Kansas City, Mo; Myomectomy of Large Fibroids, J. J. Frick, Kansas City, Mo; Retroperitoneal Shortening of the Round Ligaments, W. E. Dicken, Oklahoma City, Okla; The Value of Surgical Celerity, Chas. Blickensderfer, Tecumseh, Okla; Tumors of the Breast, F. H. Clark, El Reno, Okla; Gunshot Wounds of the Abdomen, with report of case, H. L. Snyder, Winfield, Kans; Non-tuberculous Infections of the Kidney, review of literature and report of cases, C. C. Nesselrode, Kansas City, Kas; Primary Carcinoma of the Vagina, with report of a case, Jno. T. Moore, Houston, Tex; Restoration of the Female Pelvic Outlet Based on the Anatomy of the Parts, W. L. Crosthwait, Holland, Tex; The Classification of Uterine Retro-displacement Cases, with Respect to Treatment, H. S. Crossen, St. Louis, Mo; Remarks on Floating Kidney with Modified Operation for its Relief, Adolph Herff, San Antonio, Tex; The Tendency of Modern Surgery, J. M. Inge, Senton, Tex; Minor Surgery in Country Practice, D. C. Summers, Elm Spring, Ark; The Wasserman Reaction, Nettie Kline, Texarkana, Tex; Fractures of the Femoral Neck, I. C. Chase, Fort Worth, Tex; A Hitherto Undescribed Operation for Hemorrhoids under General or Local Anesthesia, Wm. Keiller, Galveston, Texas; Intestinal Obstruction, W. B. Russ, San Antonio, Tex; My Experience with Formalin according to Murphy, C. M. Rosser, Dallas, Tex; Acute Dilatation of the Stomach Following an Appendectomy, J. E. Gilcreest, Gainesville, Tex; Uterine Displacements, J. M. Taylor, Fort Smith, Ark; Congenital Absence of the Gall Bladder, Geo. W. Cale, St. Louis, Mo..

**Program for Section on General Medicine.**

Chairman, A. K. West, Oklahoma City, Okla; Vice Chairman, G. H. Moody, San Antonio, Tex; Secretary, Louis M. Warfield, Augusta, Ga; Address from the Chair, A. K. West, Oklahoma City, Okla; Some of the Newer Phases of the Etiology and Diagnosis of Syphilis, Wm. Frick, Kansas City, Mo; Sanitary and Moral Prophylaxis, Olive Wilson, Paragould, Ark.; Pellagra, with report of cases, Wilmer L. Allison, Fort Worth, Tex; Early Diagnosis of Tuberculosis, Theo. Y. Hull, San Antonio, Tex; The Need for Education on the Question of Sex and Venereal Diseases, Malone Dougan, San Antonio, Tex; The Diagnostic and Prognostic Possibilities of Blood Pressure Study, D. W. White, Oklahoma City, Okla; Subject to be selected K. H. Beall, Fort Worth, Tex.

**Program of Section on Eye, Ear, Nose and Throat.**

Chairman, F. D. Boyd, Fort Worth, Texas; Vice Chairman, J. F. Gsell, Wichita, Kans; Secretary, A. W. McAlester, Jr., Kansas City, Mo; Address by the Chairman, F. D. Boyd, Fort Worth, Tex; Paper, subject to be announced, H. C. Todd, Oklahoma City, Okla; Recent Advances in Surgery of the Accessory Sinuses of the Nose, R. H. Mann, Texarkana, Ark; Damage Done the Child by Adenoid Growths, J. H. Barnes, Enid, Okla; When Should Crossed Eyes be straightened, E. H. Cary, Dallas, Texas.

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The Labette County Medical Society met at the State Hospital for Epileptics, Wednesday afternoon, October 27.

The following doctors were present: Maser, Bennett, Markham, Boardman, Kackley, Perry, Petty, Henson, Vaughn, Carter, Kelly, E. Liggett, Geo. Liggett, Smith and Hubbard.

Dr. Hubbard conducted a quiz on the anatomy, function and diseases of the spinal cord. The quiz was illustrated by diagrams showing the anatomy of the cord.

Dr. Perry demonstrated a series of clinical cases showing several forms of cord and brain disease, also several cases showing mental disease.

The Society instructed the secretary to secure copies of the A. M. A., course of post-graduate study for 1910.

O. S. HUBBARD, Sec'y.

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**State Board of Health Notes.**

The State tuberculosis exhibit is being crowded daily, by interested Kansans. Special effort is being made to have all the school teachers and school children visit the exhibit. The average attendance is 4000 per week.



The Kansas epidemic of anterior poliomyelitis has subsided; there have been about 65 cases reported to the State Board of Health.

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The State Board of Health is working on plans for the free distribution of antitoxine to the poor of the state, they expect to have these plans ready and the antitoxine in stock by January 1st., next.

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During an epidemic of diphtheria all sore throats should be looked upon with suspicion, and a provisional or modified quarantine observed, until such a time as a diagnosis can be made by the aid of the microscope.

If you are in doubt as to whether or not the case in hand is diphtheria give the patient and the public the benefit of the doubt and give antitoxine.

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The court at Milwaukee, Wis., has rendered a decision that the tuberculin test for cows is valuable and necessary in order to determine whether or not a cow is suffering from tuberculosis and therefore not eligible as contended by the dairymen. The court concludes as follows:

"That ovine tuberculosis is transmissible to man, that there is danger of infection to man from bovine bacilli from milk from tubercular cows, that the tuberculin test, while not infallible, is reliable, trust worthy and useful diagnostic agent for determining the existence or non-existence of tuberculosis in cattle.

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An excellent and interesting contribution by Peters & Emerson, in the Nebraska year book of the Board of Agriculture, under the caption "Dissemination of Tuberculosis by the manure of infected cattle concludes as follows:

1. Tubercle bacilli may pass through the intestinal tract of cattle and retain their virulence.

2. Tubercle bacilli in cattle may readily contaminate dairy products and cause infection in hogs.

3. Animal inoculation and microscopical examination of the lesions produced are necessary to definitely establish the presence of tubercle bacilli in cow feces.

4. Ingestion experiments with hogs, previously proven to be free from the disease by application of the tuberculin test, are valuable means of demonstrating tubercle bacilli in the manure of cattle.

5. Hogs should not be permitted to run in the same pen with cattle, especially if the latter are known to be tuberculous.

6. Dairy products from tuberculous cows, even though there be no infection of the udder, are a source of danger to man.

7. The number of tuberculous cows which show no symptoms of disease but which excrete virulent tubercle bacilli in their manure, is sufficiently large to make this an important factor in the control of tuberculosis.

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#### DRUG ANALYSIS NO. XXII.

By I. F. Sayre, Director; L. D. Havenhill, Chief; G. N. Watson, Analyst; C. M. Sterling, Microscopist.

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Reprint from Bulletin State Board of Health.

The twenty-second report of drug analysis, and of investigation, is herewith submitted. It was suggested, through the office of the State Board of Health, that the laboratory should investigate the keeping qualities of tincture of iodine in cork-stoppered bottles. Such variation in iodine strength as was found to exist in the preparations of the market, it was suggested, might be caused by the collection of samples in cork-stoppered bottles, which might lead to deterioration or loss of iodine before the sample was examined. To determine the facts concerning the alleged cause of deterioration, a series of experiments were carried on in the laboratory. One hundred and thirty samples of various tinctures of iodine, which had been collected and carefully analyzed, were set aside in cork-stoppered bottles for a period of nine months, and each sample again analyzed.

It is not necessary to burden the report with figures, but the final result may be stated. Examination of tinctures of iodine thus stored in cork-stoppered bottles point to the rather unsuspected result that if the official tincture (containing potassium iodide) be thus kept there is very little change, but the change, if any, is due to a loss of alcohol and consequently a concentration of the iodine. If, on the other hand, the tincture contain no potassium iodide (unofficial) the concentration of iodide is more marked. The latter tincture always attacks the cork. So marked is this corrosive action that one can tell at once whether the sample is of the official variety or not. If the cork is badly attacked the sample contains no potassium iodide. If it is not attacked, or but slightly affected, it is the official variety. That the official tincture tends to increase in iodine strength rather than decrease is shown by Mr. Adolph Ziesle's experiments, which are herewith submitted.

### Keeping Qualities of Tincture of Iodine.

Samples were prepared of a tincture of iodine, which were stored under different conditions. The first samples were prepared on September 7, 1908, and the tincture assayed when 5 cc. required 26.02 cc. of sodium hyposulphite N-10 volumetric solution to decolorize.

- No. 1. A 1 oz. plain bottle with plain cork..
- No. 1A. A 2-oz. bottle with plain cork.
- No. 2. Iodine in glass-stoppered bottle.
- No. 3. Iodine in rubber-stoppered bottle.
- No. 4. Iodine in glass-stoppered bottle in which a piece of cork was suspended.

No. 5. A large plain cork and common bottle.

No. 6. A paraffined cork-stoppered bottle.

These samples were assayed again on January 30, 1909.

No.1. Assayed 26.65 cc. N-10  $\text{Na}_2\text{S}_2\text{O}_3$ .

No. 1A. " 26.35 " "

No. 2. " 26.6 " "

No. 3. " 26.55 " "

No. 4. " 25.9 " "

No. 5. " 26.55 " "

No. 6. " 26.4 " "

The corks were all in very good condition. There had been but very little action. The cork in No. 4 showed that there had been but very little action, although the iodine had impregnated it thoroughly.

Another analysis of these preparations was made on February 30, 1909.

No. 1. Assayed 26.15 cc. N-10  $\text{Na}_2\text{S}_2\text{O}_3$ .

No. 1A. " 26.45 " "

No. 2. " 26.7 " "

No. 3. " 26.85 " "

No. 4. " 26.6 " "

No. 5. " 26.8 " "

No. 6. " 26.3 " "

The corks in these were very slightly affected. These samples were assayed again on March 10, 1909:

No. 1. Assayed 26.70 cc. N-10  $\text{Na}_2\text{S}_2\text{O}_3$ .

No. 1A. " 26.7 " "

No. 2. " 26.8 " "

No. 3. " 26.8 " "

No. 4. " 25.3 " "

No. 5. " 26.8 " "

No. 6. " 26.5 " "

From the above results it can be seen that iodine, when stored in a cork-stoppered bottle, really concentrates instead of weakens, even if the amount of space given by the cork does not exceed that in any ordinary bottle. This concentration is undoubtedly due to the evaporation of alcohol and a retention of iodine.

Mr. Zieffle concludes his report by stating: "I am convinced that tincture of iodine can be safely stored in cork-stoppered bottles for a reasonable length of time without loss of iodine and with little or no deterioration." Mr. Zieffle's work has been confirmed by another trained student in this work, Mrs. Agnes Dunning.

The cause of the variation in samples of tincture of iodine must be due to one of two causes. If the sample is weak in iodine it has been improperly made or an inferior iodine has been employed. The Pharmacopœia particularly warns against two possible adulterations: (1) Moisture, (2) iodine cyanide (ICn). Cyanogen compounds originate from the combustion of carbon and nitrogenous compounds in the presence of the alkali formed from organic salts during the combustion or distillation of the seaweed from which the iodine is made.

Permit me to refer in this report to questions which have come to the laboratory concerning our use of the term "beverage" in reporting on certain alcoholic liquid "tonics." The United States Internal Revenue Bureau has made certain rulings which define a medicinal liquid, and has made the following statement:

"This office holds that in a genuine medicine the alcohol should not be more than is necessary for the legitimate purposes of extraction, solution or preservation, and that the preparation should contain approximately a U. S. P. dose of some medicinal ingredient of recognized value, either alone or in combination with other compatible drugs, etc."

In the August issue of the Druggists' Circular (p. 421) this ruling is referred to under the caption "Differentiating Between a Medicine and a Beverage."

It should be said that the above ruling is from the point of view of the Internal Revenue Department, and would not be applicable for distinguishing medicine from beverage in Kansas, at least as a guide to drug analysts, since if it were accepted it would appear that certain accepted and recognized official elixirs—some of which are used simply as flavoring agents or adjuvants—could not be sold under the Kansas laws. Therefore, it seems desirable that some ruling concerning preparations of this sort be made by the Kansas Board of Health with a view to distinguishing between these legitimate medicinal preparations and certain others,



weak in medicinal strength, which are now being placed on the market, doubtless with a view and an honest effort to introduce medication in an agreeable form.

The following substances have been recently examined:

Lab. No. 2696, Insp. No. 1668. Label, Adora Hair Dressing. Manufactured by J. C. Smith Barber Supply Company, Leavenworth, Kan; W. E. Stewart, Topeka, retailer. Alcohol not declared by manufacturers. Found to be largely wood alcohol and volatile oil.

Lab. No. 2698, Insp. No. 1670. Label, Dick's Quinine Hair Tonic. Manufactured by the Topeka Barber Supply Company, Topeka. Alcohol declared by manufacturers, not over 40 per cent. Preparation was found to contain some glycerine and about 40.5 per cent. alcohol. No quinine was detected.

Lab. No. 2827, Insp. No. 1804. Label, Po. Nux Vomica. F. A Slaymaker, Peabody. Found to be microscopically O. K., and to contain 1.26 per cent, strychnine. Passed.

Lab. No. 2855, Insp. No. 1833. Label, Dr. Harter's Compound Wild Cherry Bitters. Alcohol declared by manufacturer, 32 per cent. Found to contain 32.7 per cent. alcohol. Residue from 100 cc. is about 0.7 gm., which is a little more than the maximum for whisky. Flavored with wintergreen. Dose, one tablespoonful before each meal.

Lab. No. 2854, Insp. No. 1832. Label, Capo Oil. Manufactured by the King's Medical Company, New York; Southwestern Drug Company, Wichita, retailers. "Capo Oil" is guaranteed to grow hair on bald heads; to destroy the microbes of baldness; to restore hair to its natural growth and color; to eradicate dandruff; to be cooling and healing, and to soften and invigorate the hair. The literature on Capo Oil is evidently intended to lead the reader to believe that Capo Oil is distilled from the capillaries of the necks of horses and buffalo heads. Part of the trade-mark is the picture of a buffalo head, printed in red, registered June 15, 1897. Alcohol declared by the manufacturer, 25 per cent. This declaration appears on the wrapper, but not on the bottle. Capo Oil is a yellow liquid, containing quinine, wood alcohol and glycerine.

Lab. No. 2853, Insp. No. 1831. Label, Van's Mexican Hair Restorer. Manufactured by Dwight T. Sprague & Co., Chicago; Southwestern Drug Company, Wichita, retailers. Alcohol declared by manufacturer, 0.008 per cent. Declared to restore gray hair, whiskers, mustache and eyebrows to original color; that it is a hair food; that it does not dye the hair; that it kills the dandruff germ; that it stops hair falling out and, that it cools the head and

brain. Warranted absolutely free from lead or anything injurious. Found to contain a salt of lead. Misbranded.

Lab. No. 2852, Insp. No. 1830. Label, Cranitonic, Scalp and Hair Food. Declared by manufacturer to destroy the microbes of dandruff and baldness, to stop falling hair, to allay all scalp irritation, to make the hair grow and render it soft and lustrous, to be absolutely harmless, and to contain no dye matter or dangerous drugs. The per cent of alcohol is not declared by manufacturer. Cranitonic as found to contain borax or boric acid and wood alcohol.

Lab. No. 2860, Insp. No. 1842. Label, Danderine. Manufactured by the Knowlton Danderine Company, Chicago, Ill; C. E. Potts Drug Company, Wichita, retailers. Sample too small for analysis.

Lab. No. 2861, Insp. No. 1843. Label, Prof. Alexis C. Barry's Tricopherous or Medicated Compound. Alcohol declared by manufacturer, 81 per cent. Declared by manufacturer to cure all diseases of the skin and hair. Found to contain alcohol, coloring matter and a fixed oil.

Lab. No. 2880, Insp. No. 1862. Label, Worthmore's Whisky. R. G. Shipman, manufacturer, fifth district, New York, No. 368; O. E. Paulina Drug Company, retailers. Declared 100 proof. Alcohol found, 54 per cent; specific gravity, 0.934. Residue from 100 cc., 0.2 gram. Passed.

Lab. No. 2882, Insp. No. 1864, Label, Whisky. Fox Drug Company, Wichita. Found to contain alcohol, 53.3 per cent. Has specific gravity of 0.930. Residue from 100 cc., 0.33 gram. Passed.

Lab. No. 3070, Insp. No. 2050. Label, Po. Rhubarb. C. O. Gwyn & Co., Onaga. Passed.

Lab. No. 3182, Insp. No. 2103. Label, Spirit of Camphor. Rose & Gordon, Kansas City. Alcohol declared by manufacturer, 86 per cent. Found to contain 4.6 grams camphor in 100 cc. and 31.3 per cent, added water.

Lab. No. 3191, Insp. No. 2107. Label, Spirit of Camphor. Chas. Faucett, Kansas City. Found to contain 12.3 grams camphor in 100 cc.

Lab. No. 3193, Insp. No. 2109. Label, Spirit of Camphor. W. A. Ackenhauser, Kansas City. Found to contain 9.7 grams of camphor in 100 cc. of tincture. Passed.

Lab. No. 3195, Insp. No. 2111. Label, Essence of Peppermint. Callery's Pharmacy, Kansas City. Sample contains 9.7 cc. of oil in 100 cc. of tincture. Passed.

## Tincture of Iodine.

Tincture of iodine should show by assay about 6.86 grams of iodine in each 100 cc. of tincture, and should contain about 5 grams of potassium iodide in each 100 cc. of tincture.

Lab. No.	Insp. No.	Name.	City	Grams of iodine in each 100 cc. of tincture	Potassium iodide
3174	2090	Viaduct Pharmacy.....	K. C.	5.4	Present
3175	20 1	Harrison Drug Company..	"	4.1	"
3176	2092	The Flag Pharmacy.....	"	7.1	"
3177	2093	L. K. Miles .....	"	6.6	"
3178	2094	Brown Drug Company.....	"	7.3	"
3179	2095	Medearis Drug Company..	"	2.6	"
3180	2096	Frank M. Robb.....	"	3.9	"
3181	2097	J. W. Giesburg.....	"	6.1	"
3182	2098	Tom Lilley's Drug Store	"	7.1	"
3183	2099	E. R. Cartmell's Drug Store	"	5.9	"
3184	2100	H. E. Dengel .....	"	2.1	"
3185	2101	H. C. Kandt.....	"	7.7	"
3186	2102	Lilley.....	"	7.1	"
3188	2104	Grandview Drug Co.....	"	7.3	"
3189	2105	Armourdale Drug Store...	"	17.5	"
3190	2106	Lee Vaughn.....	"	6.7	"
3192	2108	Keefer's Pharmacy.....	"	5.5	Absent.
3194	2110	Chelsea Cash Drug Co	"	6.5	"
3196	2112	R. A. Hassig.....	"	6.9	"

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## GYNECOLOGICAL NOTES.

FRANCES A. HARPER, M. D., Pittsburg, Kans.

If packing gives discomfort it is either improperly placed or is contra-indicated, and in either case should be immediately removed and discontinued.

The success or failure of tamponage or packing in relieving or overcoming a pathological condition is dependent upon:

1. A correct diagnosis of the condition to be treated.
2. A perfect understanding and application of the principles underlying its correction.

If properly conducted, examination, local treatment, tamponage or packing for medication and support, and manipulation for reposition, are no more contra-indicated in the gravid uterus than

in the non-gravid one, provided symptoms are present which indicate a pathological condition calling for such interference.

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It is as important to know and apply the correct method of packing as it is to understand how to apply the poles of an electric battery if we desire to control a postpartum hemorrhage; the results are apt to be as disastrous in one case as the other if a wrong application be made. The method used may utterly defeat the end at which we aim.

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In treating the gravid uterus our aim may be medication, support, and the control or induction of uterine contractions; and the method of packing must depend upon the end at which we aim, whether to control uterine contractions and thus prevent an impending abortion, or whether we desire to induce contractions for the purpose of emptying the uterus.

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It is just as important to employ the correct method of packing for support in a given displacement of the uterus as it is to apply a proper support in a given displacement of the uterus as it is to apply a proper splint or bandage to a given dislocation of a limb. It is also important that no undue pressure be made by the dressing, causing discomfort and interference with the circulation of the organ.

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The "treatment" accorded the gynecological case by the general practitioner is often done as a sort of makeshift, with no definite object in view excepting for the purpose of satisfying the patient that "something is being done." Operative measures are too often advised (being more expeditious as well as more lucrative) before a fair trial is given to proper treatment. This desultory and unscientific treatment is oftentimes instituted for the purpose of holding on to the case, and is kept up just enough to prove conclusively to the patient that "treatment will do no good," and that "an operation will be necessary to effect a cure."

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Not very long ago I heard a woman remark, "O, I would rather be operated upon, or die, than to ever take another treatment!" She had been treated for years, she said, by various doctors, and had been put through such varied courses of torture at different times, that the very mention of "treatment" was a terror. Of course if she continues of this mind she will undoubtedly develop a case for surgical interference later on. (Not much wonder that



"Viava," Orange Frower," "Olive Branch," etc., etc., gain their devotees.)

Is it any wonder that many suffering women become utterly discouraged after submitting to the tortures of such treatment and improper methods of tamponade or "plugging", and in desperation grasp at any straw which offers the slightest hope of relief? (The surgeon subtracts another set of organs and adds another operation to his already brilliant repertoire, the general practitioner pockets his fee, and the woman———? We only hear of the really "successful" operation afterwards.)

### Obituary.

Josiah McCandless Thompson was born in Butler, Penns 1-vania, May 10, 1843. In 1871 he graduated from Ann Harbor and took his medical degree from Jefferson Medical Sch ol in 1875.

In 1876 he was married to Miss Minnie Husleton of Butler, Pennsylvania.

Dr. Thompson engaged in the oil business about three years before engaging in the practice of his profession.

More than twenty years ago he came to Kansas City, Kansas, where he has been very active in his work ever since.

He was an instructor in the College of Physicians and Surgeons of this city. He was a member of the Wyandotte County Medical Society from its organization, though of late years not active in its work because of feeble health. For many years he has been president of the pension examining board at Kansas City. He himself was an old soldier, serving through the Civil war in a Pennsylvania regiment.

He died at his home, October 11, 1909. after a brief illness which seemed not serious in its beginning but the feebleness of the years of ill health left him with small resistance. Death came to him as he had long wished with little warning.

He is survived by his wife, his son, Frank Thompson, of Chicago, and his daughter Mrs. Gertrude Todd, who resides with her mother.

E. R. TENNEY.

### Business Chances.

Physicians Location for Sale.—Practice established 14 years A. F. Harrison, M. D., Scranton, Kansas.

**For Sale.**—A practice in a live town in southern Kansas, with mining contracts and insurance work. Horse and buggy, office furniture and medicines included in the deal. This is an exceptional offer. Address at once, D. F. % Journal.

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**For Sale.**—Fine unopposed physicians location, also small drug stock unopposed, in a nice little Kansas town of two railroads. Enquire with stamp.

The Physicians Agency.

Lost Springs, Kansas.

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## CLINICAL NOTES

The one lesson learned from the trypsin treatment of carcinoma is the beneficial effect of trypsin on many varieties of chronic ulcer. It may be employed, without danger, in the form of applications to the surface of the ulcer.—American Journal Surgery.

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It must be constantly borne in mind that many of the eye inflammations are simply an index to a systemic disease. This is especially true of the disease of the interior of the eye, and it is oftentimes the case that this organ is the only index by which we are guided.

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A cystitis that is non-specific in character, or in other words, non-gonorrheal, in the male, is nearly in every case an indication of a tuberculous kidney. The confirmatory signs of this latter condition should always be sought in such a state of affairs.—American Journal of Dermatology.

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Feel for the gland (of Virchow) behind the clavicular insertion of the left sterno-mastoid in every case of suspected abdominal or thoracic neoplasm. It is not infrequently involved by carcinoma quite early, may be of great aid in diagnosis, and may be the single contraindication to a radical operation.—American Journal Surgery.

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In the examination of an enlarged prostate per rectum, it is always advantageous for the young or inexperienced physician to recognize the organ he is examining, in a clear and distinct manner. He should clearly distinguish, and to his own satisfaction, the three lobes of this organ and not stop at finding the enlarged middle lobe under the mistaken idea that it represents the entire prostate.—American Journal of Dermatology.

**Carbuncles.**—The following is certainly a reliable therapeutic fact: If fresh peroxide of hydrogen be injected freely and thoroughly into a carbuncle, once each day, it will certainly destroy it. Each time the carbuncle is thus cleaned a compress of absorbent cotton, saturated with a 50 per cent. solution of the peroxide, should be laid over the carbuncle, covered with oiled silk and retained with a light bandage. I do not find that any other treatment than this is required.—Marsh, in *Ellingwood's Therapeutist*.

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**Pasteurized Milk in Infant Feeding.**—Physicians who have had large experience in the care and feeding of infants have a prejudice against the use of heated milk for prolonged periods. While it is admitted that the use of heated milk greatly diminishes the amount and seriousness of infantile diarrheas, it has been noted that while the children at first do well, later they may become flabby and anemic and the subjects of scurvy. Whether it is the heating or some other factor in the milk that induces scurvy is not determined.—M. J. Rosenau, in *Annals of Medical Practice*.

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**Treatment of Acute Ulcerative Tonsillitis.**—This condition is effectively treated, according to M. Brindel, whose article on the subject is cited in *La Clinique* for September 17, 1909, by swabbing the amygdaloid cavities with a solution of zinc chloride of the strength of one part of the chloride in thirty or twenty parts of water. An improvement will be observed the following day, when a gargle is employed, this being first painted over the ulcerated parts, so as to act as a sedative and assist in the cicatrization, which should be completed in from three to five days at the most. The following is the formula of the gargle.:

R Sodium borate,  
 Potassium bromide.....aa ʒi;  
 Refined glycerin..... ʒiiss;  
 Decoction of coca leaves..... ʒviiss;  
 Spirit of peppermint..... ʒiiss.

M. Ft. gargarisma.

New York Medical Journal.

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**87.—Local Reactions in the Eye After Tuberculin Subcutaneously.**—Rupprecht, (*Medizinische Klinik Berlin*), reports two cases, in women of 18 and 28, in which chorioiditis or serous cyclitis flared up and became severe after a single subcutaneous injection of 10 and 5 mg. old tuberculin. There is a possibility of actual injury from the tuberculin, and the cases further emphasize the

necessity, he says, of having expert ophthalmologic examinations of the eyes when tuberculin is injected for differentiation of an eye affection; otherwise some minute reaction might be overlooked, and harm result from repetition of the dose. His cases confirms the importance of tuberculosis as a factor in inflammatory affections of the chorioid.—Journal A. M. A.

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**“Abdominal” Pleurisy and Pneumonia.**—La Rocque, in the International Journal of Surgery, reaches the following conclusions: 1. Pleurisy and pneumonia are much more frequently caused by infectious diseases within the abdomen than has hitherto been believed.

2. The right side is more frequently involved than the left.

3. It is the duty of surgeons to constantly bear this in mind and carefully examine their patients for pleural and pulmonary complications during the course of intra-abdominal infections and after operations.

4. The frequency of abdominal infection as a cause of pleural effusion and pneumonia calls for a painstaking examination of the intra-abdominal organs in each case in which the signs of intra-thoracic inflammation exist.

5. The infection of the pleura and lung following intra-abdominal inflammation is conveyed through the diaphragm, omentum mesentery by way of the lymphatics.

6. “Ether pneumonia” does not exist, and the term anesthetic pneumonia should be entirely discarded.

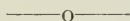
7. If during the course of an intra-abdominal affection, pneumonia or pleurisy should be discovered, they constitute no contra-indication to operation, but, on the other hand, urgently call for drainage of the primary focus of suppuration.—The Medical Standard.

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**Post-Operative Dilatation of the Stomach.**—That acute dilatation of the stomach, not necessarily in extreme degree, is fairly common, we believe to be true from our own experience. The patients with persistent distension, persistent nausea and vomiting, with the peritonitic facies and the thready pulse of a diffuse infection are often allowed to die because the case is believed to be one of peritonitic ileus for the reason that the customary methods of treating the latter do not prove effective. Enemata are followed by the passage of flatus usually in considerable amounts. Cathartics given by mouth are either vomited at once or they fail to produce the expected result. Liquids given by mouth are re



tained in part or whole for many hours, deluding the surgeon into the belief that nourishment is being absorbed. If, however, the stomach tube is used the amount of fluid that is obtained may be appalling. Again and again the stomach must be washed out until nausea ceases and until the stomach regains its normal size. Following repeated lavage the distension, the facies and the thready pulse disappear, and at once it is clear that one is dealing not with the dreaded peritonitic ileus, but with an over-distended, paralyzed stomach,. More and more at our clinic are we induced to employ lavage when nausea or vomiting hesitates to disappear spontaneously, or if there is any distension that is not entirely relieved by enemata or the rectal tube.—John C. Munro in *The St. Paul Medical Journal*.



**The Control of Internal Hemorrhage.**—There are few conditions which give rise to greater anxiety than the development of internal hemorrhage, and there are few in which the physician feels so impotent. A host of measures designed to cause constriction of the bleeding vessel, from gallic acid to adrenalin, have been employed by many practitioners. We are frequently asked whether we consider that these measures are efficacious, and we confess that our opinion concerning them is that they are of little value. In the case of ergot and adrenalin, which are supposed to act by constricting the vessel involved, it would seem probable that the general rise of arterial pressure which these drugs produce tends to increase the hemorrhage rather than diminish it, and so far as we know there is nothing to indicate that they have any special effect upon the individual vessel which is bleeding.

In this connection we have read with much interest the report of an experimental research carried out by Dr. Wiggers, of Detroit, and published in the *Archives of Internal Medicine* of March 15, 1909. In this research Dr. Wiggers attempts to decide some of the mooted points which we have just spoken of. It is not possible for us to go into a minute analysis of the technique of his investigations, but the conclusions at which he arrives are of considerable importance, since he not only employed adrenalin but also used nitroglycerin and other nitrites to determine how valuable the method of reducing blood-pressure is in diminishing hemorrhage. He finds that large doses of adrenalin cause a short preliminary increase in hemorrhage, followed quickly by a decrease or cessation of bleeding, and he also finds that this great preliminary loss of blood is such an important factor that adrenalin cannot be considered as valuable if the conditions of the patient is acutely grave. Small

doses of adrenalin, on the other hand, shortens the duration of hemorrhage and cause little or no preliminary increase, and therefore small doses may be more advantageous than large ones.

Whatever the true value of adrenalin in the actual control of hemorrhage, the method of its administration is of the greatest importance if its effects are to be induced. Wiggers found that no results in any dose are obtained by subcutaneous administration, but that intravenous injection of weak solutions, or intramuscular injections, are followed by distinct physiological effects. He believes that adrenalin is not indicated in all internal hemorrhages in any dose, but that its administration must depend upon the degree of blood-pressure which is present, and we think that he has reached an important and correct position in regard to this matter. He advises that when a hemorrhage is severe and of short duration and the blood-pressure has not fallen to any extent, adrenalin should not be employed, and that the use of the nitrites to lower pressure is more advantageous. On the other hand, if the bleeding has been profuse and a low pressure exists as a consequence of free bleeding, the nitrites can do little good and adrenalin may be of value, if used in moderate dose intravenously, the object being to maintain a blood-pressure sufficiently high to supply the vital centers with blood without using so large a quantity of the drug that a very high pressure is developed whereby the clot is dislodged.

Wiggers thinks that the use of adrenalin in cases of internal hemorrhage should be largely controlled by blood-pressure estimation, and that the size of the dose must depend upon the estimations so obtained. Very small doses should first be used. If no rise occurs larger ones may be injected until some effect is produced. But large doses should not be primarily used lest an over-effect be developed. The value of the nitrites in controlling internal hemorrhage without doubt depends upon the fact that the lowered blood-pressure diminishes the leak in the ruptured vessel.

The value of adrenalin in cases of internal hemorrhage appears to depend not so much upon its ability to constrict a bleeding vessel as upon its power to equalize the circulation and by vasoconstriction to supply the medulla with an adequate quantity of blood. —The Therapeutic Gazette.

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## BOOK REVIEW.

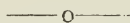
**The Principles of Pathology. Volume 1, General Pathology.**  
By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, Montreal. Octavo, 948 pages,

with 322 engravings and 16 plates. Cloth \$6.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

General Pathology by Dr. Adami places in the hands of the medical profession a volume from the pen of one of our leading pathologists. The doctor is frequently quoted in most of the modern medical writings but in this work we get his opinions direct. He arrives at his conclusions in a masterly and scientific manner. Noteworthy chapters are those on Infection, Inflammation and Immunity.

Pathology is of paramount importance to the general practitioner as well as the specialist. This work ranks with the best, and is fully abreast of the times.

STERRETT.



### As His Neighbors See Him.

If he is poor, he is a bad manager. If he is rich, he is dishonest.

If he needs credit he can't get it. If he is prosperous, everyone wants to do him a favor.

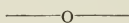
If he's in politics, it's for pie. If he is out of politics, you can't place him, and he's no good for his country.

If he doesn't give to charity, he's a stingy cuss. If he does, it's for show.

If he is actively religious, he is a hypocrite. If he takes no interest in religion, he's a hardened sinner.

If he shows affection, he's a soft specimen. If he seems to care for no one, he is cold-blooded.

If he dies young, there was a great future ahead of him. If he lives to an old age, he has missed his calling.—Christian Guardian



The face of Horace Fletcher gazes sadly from the pages of the September Ladies Home Journal, as if meditating upon a generation of vipers that insists upon swallowing its food almost whole. The editor expresses his belief that American young women are too fidgety, and kindly offers, in the latest fashion, a little "psychotherapy." He believes that if they will earnestly say to themselves such words as calmness, peace, tranquility, and Philadelphia, they will find themselves much soothed and calmed; whereas, if they unwisely declaim such vocables as frightful, crazy, killing, Tenderloin, and Great White Way, they are likely to become very tense and agitated. We believe that rustling round after mother with the broom and dust rag is good, too; at least, it is fine for mother.—New York Medical Journal.

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### THE PRESENT STATUS OF SERUM THERAPY.

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DR. S. A. JOHNSON, Topeka, Kansas.

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Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

Today I present a few miscellaneous collections of investigations and experiments, with reports and comments, upon some of the serums and their results upon some diseases.

Blumenthal says that three factors are present in the preparation of antitoxins: The toxin, the technic and the animal.

The animal is not in our power to modify, but the toxin and the technic can be so regulated as to nullify as much as possible the varying peculiarities of the animal. And he further states that the use of pure toxin is the best in the production of antitoxin. So passing on we will take up some of the diseases treated by some of the various serums, and not pay much attention to the technic of the serum itself, only the ground to be covered by this subject as it seems to me.

1. PNEUMONIA. Dr. J. W. H. Eyre discusses as follows the action of pneumococcic serum:

Anti-pneumococcic serum has, however, nowhere achieved the striking results in acute affections that are associated with the serum treatment of diphtheria, and it has never obtained the confidence of the profession, while in chronic and suppurative pneumococcus infections the serum is quite useless. There are many reasons for its failure. In the first place, the pneumococcus elaborates but very feeble toxins, and the serum which is obtained from immunized animals is anti-bacterial only and not anti-toxic; hence, it would appear to possess very little therapeutic value in such cases. On the other hand, Payne states that though his serum is bactericidal it does not act upon the pneumococcus itself, but produces its beneficial effects by establishing a true active immunity.



2. **DIABETES.** The effect of secretin, an acid extract of the duodenal mucous membrane, in stimulating the external pancreatic secretion, having led Spriggs and Moore to the idea that its effect might also be exerted on the internal secretions, and to a consequent trial in diabetes, Foster records the clinical histories of five cases, in which this method was used without favorable result save that in the second case, while the sugar content remained the same, the patient regained appetite, strength and weight to the extent of five pounds. Four other patients also showed no favorable result, though these are not reported as the conditions did not leave Foster in absolute control. Foster is unable to confirm the favorable observations of Moore and his associates. Dakin and Ransom also report a case of diabetes treated with secretin, in which a decrease in sugar accompanied by a diminished urine output continued until, after five weeks, the original sugar excretion was reduced by one-half, but the decrease was not permanent.

3. **SCARLET FEVER.** According to Finkelstein anti-streptococcus serum is at present commonly used in scarlet fever, and the majority of physicians reporting are well satisfied with the results. A very recent serum is that of Meyer-Rupel, which is injected in doses 10cc. (about 3 fl. dr.) before a streptococcus complication has developed, or in doses of 20 to 50 cc. (about 6 to 13 fl. dr.) later.

The mortality in the severer cases of scarlet fever was reduced under the serum treatment from 47.4 to 16.1 per cent. in the extensive experience in Russia related. The action seems to be antitoxic, but no effect on the complications of the disease observed. The frequency of by-effects and the large amounts of serum required are the dark side of the experiences related. In Moltchanoff's experience the mortality dropped from 16.2 to 10.4 per cent. The temperature always subsided after application of the serum and sometimes the pulse, respiration, and nervous phenomena also showed marked improvement; but there did not seem to be much of an effect on the disease process as a whole. The duration of the fever or of the sickness did not seem to be influenced and the throat lesions were not modified, while there was no evidence that it prevented complications or influenced their course.

4. **TYPHOID FEVER.** H. Arvonson has overcome the difficulty of producing a sufficient quantity of typhoid toxin for the immunizations of larger animals by securing a rapid superficial growth of the typhoid bacillus on a bullion. The toxin can be obtained in the bullion after filtration and shows the marked toxic

powers when injected into animals appearing to have an alkaloid-like action. The bodies of the bacteria obtained in the filter after filtration of such a superficial culture also show the presence of this toxin. The poison must be regarded as a product of secretion of the bacilli. The amount of the poison found in solution is much greater than that in the bodies of the bacilli. Eicholz reviews the course of typhoid fever in 68 men, half of whom had been previously treated with anti-typhoid serum. There was no mortality among the immunized, but three of the non-immunized patients. Severe complications were observed in three of the former and in seven of the latter group. The height and duration of the fever was much less marked in the immunized. The serum treatment has been especially applied by Chautemas. The results have been very gratifying. He says that during the six years from April, 1901, to July, 1907, 5,621 cases of typhoid were treated in the Paris hospitals, with a death rate of 17 per cent. During the same period a thousand patients have been treated in his fever wards, with only 4.3 per cent. mortality, the treatment comprising cold baths and the anti-typhoid serum. The improvement is more marked the earlier the serum is injected after the onset of the disease, i. e., before the organic resistance has broken down. He has not lost a single patient in his fever service during the last six years in whom the injection has been made within the first seven days of the disease. The blood pressure goes up within a few hours after the injection, enough often to dispense with cardiac tonics. The urinary secretion is increased. The influence of the serum on the temperature curve is appreciable for 10 to 12 days, after which either convalescence sets in, or the temperature continues to fall until recovery. Convalescence is usually rapid in patients treated early. Complications have been infrequent. The serum of Chautemas is obtained from horses, which for long periods have been subjected to typhoid toxins, in the form of filtered and sterilized cultures grown on bullion of beef spleen, hypodermically administered. The dose of serum is from one to five drops, given under the skin. After such an injection there follows a period of reaction, when the temperature seldom falls and frequently is somewhat elevated. The general condition is not improved during this reaction, which lasts from a few hours to several days. Chautemas regards this phenomenon as the result of destruction of the bacilli in the body and the release of an additional amount of toxin.

Following the period of reaction comes a period of deferescence, when the temperature falls gradually and the condition of

the patient is slowed, the blood pressure raised, the quantity of urine is notably increased and the patient feels much more comfortable. The temperature usually continues to fall for 10 to 12 days, when it may remain stationary for a few days and then go on to a rapid convalescence or a mild relapse. The influence of the serum seems to have been exhausted by this time, and a second injection may be required. The work of Chaumasse seems to promise much in this field, for should the ophthalmo-typhoid reaction described by him prove reliable as an early diagnostic sign it would render possible the use of the serum at a stage of the disease when this form of treatment offers the most hope.

5. CEREBRO-SPINAL MENINGITIS. During the last year a serum has been prepared by Flexner which promises to be of great value both as a prophylactic and curative measure. W. S. Chase and M. L. Hunt report 12 cases treated by the Flexner anti-serum, with nine recoveries and three deaths. The amount of serum used varied from 10 to 160 cc. In some cases a distinct improvement was noticed after each injection of the serum. One death occurred suddenly while the patient was apparently doing well. S. Flexner and J. W. Jobling have tabulated 357 cases treated with the anti-meningococcic serum. Under one year of age the recoveries were 50 per cent. and the ratio increased with the age, being 92 per cent. in patients between 5 and 10 years of age. Above that it again fell to 67.9 per cent. in those over 20 which is accounted for in part by the fact that a large number of these were treated by scattered physicians who had had but little experience.

The history of 328 of these cases shows in 121 patients injected between the first and third days, 103 recoveries (88.1 per cent.) in 100 treated between the fourth and seventh days, 78 recoveries (78 per cent.) in 107 treated after the seventh day, 68 recovered (63.6 per cent.). The benefit of the early injection is clearly shown. In 270 cases the histories were sufficiently definite as regards the mode of termination of the disease to show that 201 terminated by lysis and 69 by crisis. The average duration of active symptoms in 220 cases where it could be ascertained was about eleven days.

Dr. Frank Billings states that if the bacteria found in the stain by the ordinary pyogenic cocci, or the pneumococci, or tubercle or other bacilli it will be useless to use the Flexner serum.

F. S. Churchill reports 11 cases treated with the Flexner serum with four deaths. In 7 of 9 proved cases recovery ensued. While the reported number of cases are small, taken with other

facts reported by Flexner and his other investigator, they show remarkable results from the use of the anti-serum. Churchill thinks it not too strong a statement to say that, given a case suspected to be meningitis, it is our duty to make a lumbar puncture, and if we get a cloudy fluid to inject the serum at once and repeat if bacteriologic examination proves the case to be one of the meningococcic variety.

C. H. Dunn reports of the use of Flexner serum in 40 cases in Boston and vicinity and concludes from experience as follows

**First**—The use of the Flexner anti-serum is of great value in epidemic cerebro-spinal meningitis, and further says that its value to be comparable to that of diphtheria anti-toxin in diphtheria.

**Second**.—The serum at times aborts the disease, rapidly relieves the symptoms, shortens its course, lessens the liability to sequella, and greatly reduces its mortality.

**Third**.—The serum should be used early in all cases, even in cases of suspected meningitis.

**Fourth**.—Late chronic cases are unfavorable for the use of serum.

**Fifth**.—Some cases are resistant.

C. D. Hunt reports the use of the Flexner serum in 15 cases. Eight have completely recovered, 2 died and 5 cases pending, 4 of which are convalescent. All the recoveries were free from any of the sequelæ of the disease. He advises the early use of serum and safely concludes that in any event it does no harm. He also admits that his series of cases were exceptional, and that much remains to be proved in regard to the Flexner serum, but believes we are justified in urging a widespread trial of the serum in this disease.

**WASSERMAN SERUM.** A. Wasserman defends his serum for the cure of epidemic cerebro-spinal meningitis by reporting 57 cases treated, 27 died, a mortality of 46.3 per cent. also 102 other cases in which the injections were found harmless, even in children and had a curative effect when injected early in the disease.

Levy reports a mortality in meningitis of over 78 per cent. in 14 cases not treated with serum, while the mortality was only 21.74 per cent. in 25 cases treated with the Wasserman serum. He injected 20 cc. (6 fl. dr.) in children and from 30 to 40 cc. (8 to 10 fl. dr.) in adults, using the serum introduced at the Institute for Infectious Diseases at Berlin.

Werner Schultz, during the period from April 1906 to April 1907, treated altogether 64 cases in the city hospital of Posen. Of these 23 were treated with the Wasserman serum with a mor-



tality of 56.5 per cent. as compared with a mortality of 53.7 per cent. in those otherwise treated. Schultz concludes that the Wasserman serum is of no value in the treatment of epidemic cerebro-spinal meningitis.

6. TETANUS. We must distinguish between localized and generalized tetanus; the latter is generally evidenced by contractures of the masseters. We know that the poison of tetanus travels along the nerve trunk, while the bacillus itself stays in the wound; hence, irrigations with the anti-toxin is first indicated, then injections of anti-toxin into the neighboring tissues. The nerves absorb the anti-toxin as well as the poison. We are thus led to inject anti-toxin into the nerves supplying the area wounded; also subdural injections into the spinal canal or even into the lateral ventricle.

Kuster believes intraneural injections are indicated in strictly localized tetanus, and intra-spinal injections in cases where there is trismus. When there are no localized symptoms the intra-spinal route is indicated. Several cases of recovery after the use of the serum have been reported, among them one each by W. W. Hall, E. G. Carter and C. R. Howard. Hall objects to the price of the remedy. In all 120 cc. in 12 injections were given at a cost of \$12.00. Authorities recommend 400 cc. in all, which would mean 40 punctures and a cost of \$40, but surely patients could stand this. It seems desirable that both the cost and the bulk of the remedy should be somehow lessened.

G. O. Switzer reports a recovery after a gunshot wound in the foot of a man of 18. Some 25 injections of 10 cc. were given in 10 days.

K. Urban reports 3 cases of tetanus in which the anti-toxin treatment was used without success, and in 2 cases the treatment seemed even to do harm. The anti-tetanic serum was the first serum to be discovered, and by Kitasato, a Japanese student, then in Behring's laboratory in Germany.

7. PUERPERAL SEPSIS. Jacoby points out that serum works in the body by destroying the active germs or bacteria already in the tissues, or by multiplying the effect of the bacteria, or their toxins. Sera prepared against local infections of the uterus, the pelvis connective tissue, peritonitis or phlebitis have been useless.

The injection of anti-streptococcus is the sole or chief cause of the infection. One great difficulty is that the streptococcus in different persons and at times in the same persons has different degrees of virulence, and one serum with lower anti-toxic powers

would be entirely unavailing against the same streptococcus when that germ later became more virulent. For this reason, polyvalent serums are prepared.

Peham's series of 44 cases with 13 deaths, treated by serum therapy, showed the best results when the streptococci were found in the blood. Burkhard reported 29 cases of pure streptococci infection with no material deaths.

In cases of long standing infection, or in cases in which severe lesions in the internal organs were present, the effects of the sera were nil. It is difficult to give an adequate opinion of serum therapy. In the general malignant infections, it is of no value. Jacoby agrees with Bumim the following conclusions in reference to the value of serum therapy:

1. In general septic peritonitis, even large quantities of serum have no effect in temperature, or the streptococci in the blood.

2. In cases of peritonitis following a severe attack, where operation causes a mixed infection, the sera have no value.

3. There is one recovery in three cases in pure septicemia.

4. No benefit in septic endocarditis.

5. No result in pure pyemia.

6. Endometritis streptococci. Bumim believes the serum is useful in localized infections. In severe cases serum therapy is useless.

J. B. De Lee agrees in the main with these conclusions. Anti-streptococci serum is of doubtful value in sepsis caused by the streptococcus. Still in some few cases it has done good so we feel that this is a step in the right direction. In some cases of sepsis we still use serum.

8. DIPHTHERIA. This serum is with us to stay and needs no comment or reporting upon in this paper, only to say, use it, and use it heroically.

9. CANCER. Details of 10 cases of carcinoma of the digestive organs in patients from 38 to 65 all of whom were subjected to the local and injection treatment of Trypsin, are given by J. W. Weinstein. They were all cases of cancer with no doubt whatever as to the diagnosis. The author states the treatment in his hands has proved a total failure, and in his opinion should be relegated to the vast legion of other sure cures for cancer.

We find other numerous observers have endeavored to produce an immune serum by the injection of cancer cells or extracts, in hope that such a serum would give a visible precipitate when mixed with the serum of a person with cancer. These attempts, how-

ever, have failed because it is impossible to obtain nothing but extracts of cancer cells, and free from extracts of blood, serum, etc., all of which produce their own precipitins when the so-called cancer extract is used for making cancer immune serum. Marglbona (1904) tried to use the stomach washings of cancer patients instead of their serum to give the precipitate with the immune serum; but the reaction was found in non-cancerous as well as cancerous cases.

G. Serafini and S. Diez have endeavored to obtain specific precipitates with cancer immune serum prepared in various ways and stomach washings from patients with gastric carcinoma. They were not able to obtain any trustworthy information, and think cancer immune serums are at present useless for early diagnosis of cancer of the stomach.

10. GONORRHEA. W. J. Butler and J. P. Long treated vulvovaginitis in 12 little girls, who were from  $1\frac{1}{2}$  years to 12 years old, with injections of gonococcic vaccine. In 4 of these the clinical evidences of gonorrhea disappeared in from 10 days to 3 weeks, and of the 8 remaining there was a cessation of discharge and disappearance of gonococci from smear after several weeks of treatment. These writers believe they can say without exaggeration that vaccine therapy has a place in the treatment of gonorrhea of the female. During the summer of 1907 Alice Hamilton and Jean M. Cooke treated and reported upon 30 acute, and 7 chronic cases of gonorrheal-vulvitis, in children from 13 months old to 11 years old. There were 41 very profuse discharges, 12 moderately profuse and 7 slightly purulent. The material for injection was prepared from 7 strains of gonococci grown on Löffler's blood serum or horse serum agar.

This report is for serum treated, the disease lasted on an average of 20 days, while on 30 treated locally the average was 27 days, a very slight advantage for the inoculation treatment. The injection of gonococci do not shorten the acute stage to any decided extent.

In the 7 chronic cases local treatment, after an extended trial failed. One of the 7 proved refractory to inoculations also. The other 6 children improved decidedly under the injection of killed gonococci, as the average duration of treatment was not quite three weeks. But it is not asserted that a permanent cure was effected, for this disease is likely to recur after apparent recovery.

A. A. Uhle and W. H. McKinney report results of the use of anti-gonococcic serum in 23 cases of the various types of gonorrheal infection. They find that the serum has little, if any, curative

action on the urethral condition. None of the patients with gonorrheal proctitis was cured; of 7 with epididymitis improvement was noted in 3, but the authors are inclined to credit this to other measures employed and not to the serum.

In conclusion they say, in their limited number of cases, was there no satisfactory results, which is to be expected from the use of any anti-toxin treatment. But they further report that the best results were obtained in gonorrheal arthritis. Three patients promptly relieved and all local evidences of inflammation had subsided in less than two weeks. From my personal observations, and not experience, I can verify this report.

11. TUBERCULOSIS-TUBERCULIN. The modification of the diagnostic use of tuberculin proposed in 1907 has excited a great amount of investigation, and the literature on this subject is enormous and I can be but very brief in a recital of only a very few facts and reports.

The method of Von Pirquet has proved quite reliable as a method of applying tuberculin. Most experimentors have regarded its use as harmless. Several authors, however, have had bad results and warn against its indiscriminate employment. The procedure consists of scarafying as for vaccination, and using a 4 per cent. solution of "old" tuberculin.

Pankow reports 32 cases of tuberculosis of the abdominal organs, with Koch's old tuberculin, in which the diagnosis was assisted, this result being positive in 24 or 75 per cent., and negative in 9 or 25 per cent.

Darier says that it is now possible to make an exact diagnosis, with tuberculin, of tuberculosis of the eye, and enucleation to-day should be of exceptional practice.

L. Fischer believes that in the Pirquet method of vaccination with tuberculin we have an important aid in the diagnosis of tuberculosis.

Pirquet made 360 vaccinations with tuberculin and in 85 per cent. there was positive reaction. His method is to clean the forearm with ether, and to put on the place 2 drops of tuberculin, which was rubbed in with a sterilized lancet. In the Infant Asylum of Warsaw F. C. Kopetz and A. M. Sembjuský tried Pirquet's cutaneous reaction on 251 children, 198 of whom were less than a year old, and conclude that the clinical value is not very great.

C. Riveire believes that the success or lack of success in the tuberculin treatment is largely a matter of dosage. He says that for localized tuberculosis, tuberculin, in suitable doses is an almost certain remedy, while in tubercular peritonitis there is great improvement.



Litule, Crasset, Comby and Lepi e conclude from 200 cases:

1. That ocular reaction to tuberculin is almost always positive, 80 per cent.

2. In nontubercular the reaction is almost always negative.

Petit says that tuberculin is not a specific, and its use must be confined to selected cases. Its action in localized lesions is unquestioned. Its use has made it possible to cure tubercular laryngitis.

Raw says that Koch's tuberculin has little or no healing effect in phthisis pulmonalis, since that tuberculin is produced from human tuberculin, with marvelous effect in 104 cases of surgical, or bovine tuberculosis.

At the present time there is a remarkable revival of interest and confidence in the use of tuberculin as a curative agent for tuberculosis. Koch states, I maintain that its efficacy as a cure is completely proved, provided its application be restricted to still curable cases i. e., to those not too far advanced and not complicated by other bacilli or cocci. The best way to guard against the misapplication of tuberculin is to use it in cases in which the temperature of the body does not exceed 98.6 Fah. (normal). That tuberculin exercises an exceedingly favorable influence on all such cases, and even completely cures them, as a rule, is a fact of which I have repeatedly convinced myself. Trudeau says that the type of case suitable for tuberculin treatment,

Denys and some of the Germans claim that even in acute cases good results may be occasionally expected by a careful course of injections, but my experience has been, with a very few exceptions, in treating patients whose temperature rarely rose above 99.5 to 100 Fah., and the more chronic the type of disease, the better adapted, has seemed to me, the case for tuberculin treatment. He also says that tuberculin is not the vaunted and long-looked for specific it was at first thought to be, has been amply demonstrated by the bitter experience of the past.

Hammer has employed tuberculin for 6 years in the treatment of phthisis. For the most part he employed old tuberculin, and only in a few cases did he apply the new tuberculin. Uncomplicated cases without fever proved to be the best suited for the treatment. Hammer concludes: "In tuberculin we possess a valuable remedy for phthisis which even if it is not a certain cure, at all events does much more than any other remedy."

In the summing up of this subject whether tuberculin is administered by the method outlined by Treadeau, or by control with the opsonic index, the proper dose is the one thing which must be secured.

As cautioned by Koch, Trudeau, Denysm, Hammer and all others who have used it successfully, tuberculin is an edged tool, capable of excellent results when skillfully used, but also liable to do harm when carelessly or indiscriminately employed.

That tuberculin is a specific and absolute cure for tuberculosis cannot be claimed. Further progress in the treatment of tuberculosis may be confidently looked for, and perhaps an effective, better and universal specific will be found, which we will hope for. We may indulge in a prophetic word that in spite of an existing broad skepsis, tuberculin will continue to be used more and more and with an ever increasing confidence.

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### REPORT OF CLINICAL CASES WITH REMARKS.

DR. R. C. LOWMAN, Kansas City, Kansas.

Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

The following clinical cases are presented as being somewhat out of the ordinary and possessing rather unusual difficulties in diagnosis. Mrs. M. (colored), age 34, April 7, 1908, when about five months pregnant, fell from porch to ground, a distance of about 7 feet and struck on her feet; had rather severe pain, but came up the porch stairs and walked into the house, and in a few hours was in a state of collapse. She was sick from that time until she came to St. Margaret's Hospital, three weeks later, with abdominal pain and tenderness, fever and fast pulse. We could not determine exactly what diagnosis had been made in her case.

I saw her for the first time shortly before operation and no positive diagnosis was made. At that time her condition was grave, temperature ranging from 100 to 103 and pulse 120 to 130. As soon as the peritoneum was opened there was a gush of blood and bloody fluid. I soon discovered a five month's fetus lying free among the coils of intestines. After separating adhesions, the uterus was found with a large rent in its left upper portion with the partially detached placenta protruding through the rent. An attempt was made to complete the detachment and suture the uterine rupture, but the hemorrhage was so great and the condition of the patient becoming so alarming that it was considered safer to do a supravaginal hysterectomy which was completed in a few minutes, and the patient put to bed in bad shape. Salt solution by rectum and hypodermoclysis was used and usual measures for overcoming shock. Convalescence was rather stormy, being marked for a few days by symptoms of peritonitis. At present patient is well and hearty and doing her own work.

It is difficult to understand how such an accident could happen without some previous disease to weaken the walls of the uterus, and no history of previous trouble could be elicited.

Mrs. M. age 30, mother of two children; miscarriage five months ago. In July 1907, had severe attack of pelvic pain and tenderness which lasted four or five weeks, during part of which time she was confined to bed. Her first physician at this time told her she had displacement of the womb and treated her by extreme elevation of the hips. Her second physician, being acquainted with the preceding condition of her husband, treated her for gonorrhoeal salpingitis. Both felt a mass of some sort in the pelvis.

After this attack she was in very good health with no signs of pelvic trouble other than an occasional backache.

For a few weeks prior to admission to St. Margaret's Hospital, she had noticed a swelling in lower abdomen, not painful or tender. Menstruation being normal she was at loss to account for her condition. Examination showed a tumor filling most of the pelvis, especially on the right side where it projected very markedly into the vault of the vagina. The tumor was quite firm, giving one the impression of a fibro-myoma, of the intra ligamentary variety. This impression was deepened by finding above in the lower abdomen and to the left of the median line a firm hard mass, the size of a lemon and closely connected with the tumor proper. The picture was complete of a large soft myoma, with a smaller nodule of a fibroid variety growing from the left upper aspect of the tumor.

On opening the abdomen the tumor appeared to fill the whole pelvis, with, however, some room on the left side, where the tube and ovary appeared normal. Thinking I discovered slight fluctuation I made a small incision into an avascular area and discovered that my intra ligamentary fibroid was an intra-ligamentary cyst, probably of the parovarian variety. The hard nodule to the left was the uterus pushed up into the abdominal cavity and far to the left of the median line. As the patient was very desirous of saving her uterus and ovaries if possible, I dissected out the lining membrane of the sac which proved to be quite a task, but was accomplished without incident except a rather excessive amount of capillary oozing. The tension of the tumor was so great that the peritoneal coat was dissected from the side of the uterus from top to bottom to the extent of one and one-half inches in width. Drainage was used for three days; the patient made an uneventful recovery, and at present date, about ten weeks from time of operation, she is doing all of her own housework and feel-

ing fine. The parovarium consists of 6 or 8 closed tubules which lie between the layers of the broad ligament and radiate from the ovary toward the fallopian tube and terminate in a larger tubule which extends parallel to and beneath the fallopian tube. They are subject to two diseases, cystic formation and carcinoma, the former being comparatively rare and the latter extremely so.

Parovarian cysts come from dilation of these tubules. Often they remain intraligamentous when their removal may be very difficult, but sometimes they develop more in an upward direction and form a more or less well defined pedicle, when their removal is much easier, corresponding to the technique for operation for ovarian cyst. In the intraligamentous variety, the cyst is very tense, peritoneum covers only the upper portion and the fallopian tube is stretched tightly over the upper surface. The treatment consists in removal, either as I did by dissection of the lining membrane, or by making a clean sweep of the pelvis, following closely the method outlined by Kelly for supra-vaginal hysterectomy for removal of uterine fibroids, that is, ligation of ovarian vessels at most accessible side, which in these cases is the unaffected side, ligation of round ligament, formation of peritoneal cuff on anterior surface of the uterus, and pushing away the bladder, ligation of uterine artery on unaffected side, cutting across cervix, catching up or ligating uterine vessels of affected side, clean removal of tumor and ligation of ovarian vessels on affected side. This last part is generally best done away the earlier steps when possible, as with the ovarian and uterine vessels both ligated the hemorrhage during enucleation is very much lessened.

Wm. S., age 70. Had been sufferer from chronic interstitial nephritis for two or three years and showed evidences of marked arteriosclerosis with high blood pressure. Had hernia of right inguinal region for twenty years, for which he wore a truss which usually retained the hernia satisfactorily.

Hernia came down and could not be reduced about 4:00 o'clock P. M. Dr. Nesselrode was called to see him about 8:00 P. M. but all efforts at reduction failed. He was sent to St. Margaret's Hospital and operation begun at 10:00 P. M.

After incision of the skin and dissection of the superficial layers it was seen that the hernia was of the direct inguinal variety and the cord lay below and external to the sac and had no connection with it. The hernial ring was enlarged slightly and part of the hernial contents easily reduced, the sac was found superiorly and external isolated and ligated close up. There still remained a mass of hen-egg size containing considerable hard firm fat and a



number of veins. Thinking it might be a second hernial sac or possibly the bladder, I dissected toward the center of the mass and my search was soon rewarded by cutting a small hole into the bladder.

The diagnosis was verified by a sound passed into the bladder through the meatus. The wound was closed by three rows of chromic catgut, and the bladder pushed back into the abdomen. The hernia was then closed by suture of edges of the ring and a catheter was placed in the bladder through the penis for continuous drainage during the next four days. The wound healed nicely without signs of infection, the catheter was removed in four days, and the patient went home in three weeks from date of the operation. Strange to say, in ten days or two weeks after going home, the wound reopened slightly and there was a slight urinary leakage during micturition for two or three weeks. This urinary fistula closed spontaneously and the patient has been well up to date with the exception of his nephritis and arterio-sclerosis.

Hernia of the bladder is met with most often in old men, due to the general laxity of the tissues. It is four times more common in inguinal than femoral hernia and is generally a direct hernia.

The hernial sac usually contains also portions of omentum and intestine but may be occupied by bladder alone.

Three anatomical forms are given: 1. Extra peritoneal where the bladder is independent of a hernial sac or where it protrudes alongside the sac. 2. Intra peritoneal where the bladder is in the sac covered by peritoneum. 3. Paraperitoneal where a part only of the bladder is covered with peritoneum, generally the upper and posterior part. This last is the commonest form.

The bladder in a hernial sac has often been wounded during operations, generally unintentionally. In case reported there was a large number of veins in a mass of hard fat quite characteristic of the vicinity of the bladder. If muscle fibres are seen, we should suspect bladder, also if there is a feeling of two surfaces rubbing on grasping the mass.

The diagnosis may be made certain by passing a sound or catheter and feeling it inside the mass.

Treatment if the bladder is wounded is immediate suture with catgut in two rows. Afterwards catheterization should be performed frequently, or a soft catheter should be left in continuously for three or four days. If no leakage occurs, the radical cure of the hernia can be completed in a few days, or if the urine is clean, the operation can be finished at once as in the case reported.

Mrs. J., age 32. Admitted to hospital April 26, 1909. General appearance excellent. Gave a history of a gonorrhea five years ago and an infected Bartholin's gland which had discharged all that time and was still discharging. Had a miscarriage three years ago, and was supposed to have had another at six weeks or two months, two or three weeks before admission. She had been curretted by her physician for this miscarriage.

Since contracting gonorrhea had had considerable pain during menstruation. Examination disclosed the suppurating Bartholin's gland, and a tender symmetrical mass about the size of an orange to the left of the uterus. As the abdomen was thin, this mass could be seen as well as felt, especially after anæsthesia was induced. A diagnosis of the gonorrheal pus tube was made with the proviso that the mass might be of an inflammatory nature due to infection following the supposed miscarriage.

Accordingly on May 3rd, the abdomen was opened and the mass found to consist mainly of an unruptured tubal pregnancy. No fetus was found and it probably had died at the time of the supposed miscarriage, about three or four weeks previous to the operation. The left ovary was quite cystic and was removed. The right tube was very much distorted and adherent and was removed, the right ovary being left in the abdomen. It is generally a very difficult matter to make a diagnosis of unruptured tubal pregnancy in the early months, and Tait is quoted as saying it was an impossibility. Frequently the diagnosis has been made and the abdomen opened, only to find the actual condition was something different, such as a small ovarian cyst, dermoid or pus tube. A probable diagnosis might be inferred if following symptoms were present: a greater or less period of sterility, with more or less subjective symptoms of pregnancy, pain and tenderness to one or the other side of the pelvis, somewhat enlarged uterus, and a mass in the side of the pelvis.

When the fetus dies before rupture of the tube the uterine decidua is cast off in shreds. When such a history as this is obtained and a tenderness found adjacent to the uterus, the natural inference is that the patient has had an abortion, followed by infection and the formation of a pelvic inflammatory mass. I have known two women who expelled more or less complete casts of the interior of the uterus at the majority of their menstrual periods, and this phenomenon was accompanied by much pain and considerable hemorrhage.

# THE JOURNAL OF THE Kansas Medical Society.

**JAMES W. MAY, - - - - EDITOR.**

**ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.**

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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## EDITORIAL

My duty is to establish my own observation regardless of others' opinions.—Byron Robinson.

—O—

The fact is apparent that we pay too much attention to the quarantine for small-pox and too little attention to the quarantine for scarlet fever. Behold the effects of the latter as contrasted with the former. Small-pox is a preventable disease and even when taken, but rarely takes on a serious course. Scarlet fever is highly contagious and can only be prevented by quarantine, fumigation etc., and its sequelæ are many times terrible to see.

Referring to a recently issued special report of the Census Bureau of the Blind and Deaf of the U. S. (1900), I find it contains records of 37,426 cases that are classed as total deafness. Of these no less than 23,482 are stated definitely not to be able to speak at all; so that we can say nearly three-fourths of the whole number could be justly classed as deaf mutes.

Tabulated as to causation, we find that of the 37,426 cases of total deafness, 4,145, namely 11 per cent, are attributed to scarlatina.

This is only one small example as many more much worse could be suggested, such as meningitis, nephritis, etc. It then

behooves us to secure the passage of laws making the quarantine of scarlet fever decidedly more stringent and thus prevent its spread.

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One of the conditions brought forth by the commission of physicians examining the school children in one of the large cities, was that many of the children were under-fed, or improperly so.

That this could be a reason for poor work in school and as a means for lowering the bodily resistance to disease, there can be no doubt. The wonder of it is, that something has not been done, long before this. It simply means outside of the Charitable feature of providing for the needy, that one of the necessary teachings, "on how to live" should be "food for children of a school age." In an article on "The School Childs' Breakfast", by Dr. W. C. Hollopeter, (Journal A. M. A., Nov. 20). various phases of the question are brought out. He quotes Mr. Robert Hunter, the sociologic writer, who says that in New York City, alone, 70,000 children go to school hungry. But the author says that this number includes the more numerous class of children who are chronically underfed, either because their food is insufficient in quantity, or poor in quality and lacking nourishment, and there another problem is presented which will require a campaign of education to remove the cause.

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## NEWS NOTES

Dr. D. E. Esterly of Topeka, spent November in Chicago attending the clinics.

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Dr. H. B. Caffey, of Pittsburg, has returned from New York, where he has been doing post-graduate work.

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The net proceeds from a "tag day" recently held in Kansas City, Mo. netted the charity hospitals something over ten thousand dollars.

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Dr. W. H. George has sold his practice at Canton, Kansas and will locate in McPherson. He spent November in Kansas City, at the clinics.

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Dr. C. G. Brethower has moved from Norton, Kas., to Montrose Colo., and became associated with the firm of Drs. Schermerhorn and Allen. The new firm is fitting up offices at 18 Cascade avenue.



**School in Tuberculosis Sanatorium.**—The first school in a tuberculosis sanatorium is said to have been organized at the Franklin County Hospital, Columbus, Ohio, to look after the mental welfare of the patients of school age now under the care of the institution.

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**WANTED.**—A good reliable physician to take my location in a Kansas town of 7000, For the price of office equipment and automobile. Takes at least \$500 cash to handle the deal. Practice averages over \$3000 cash a year. For particulars address Z. % Journal.

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**Emma Calve Camp Opens.**—The New York Throat, Nose and Lung Hospital has opened its tuberculosis annex and night camp immediately adjoining the present hospital building. The annex has fifty beds. The camp is named in remembrance of the singer who gave a concert at which a large sum was raised for the hospital. The camp is intended for men only, who go there after their days' work is done.

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The attorney general has handed down an opinion to the secretary of the navy that he has authority to assign a medical officer not below the grade of surgeon to the command of a naval ship. This decision has been made in view of the expected commission of the hospital ship, Solace, for which Chief of the Bureau of Medicine and Surgery desires to ask the detail of a member of the medical department as commanding officer.—Jour. A. M. A.

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The Bye Cancer Cure concern, which has been one of the great cancer fakes of the country, and was exposed in Collier's weekly a few years ago, has been recently investigated by the United States Postoffice authorities and declared to be making fraudulent use of the mails. A fraud order has been issued, which is equivalent to killing the business. A similar action has been taken in the case of the Dr. Curry Cancer Cure Company, of Lebanon, Ohio.

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The statement of a number of physicians that they had been approached by manufacturers who use benzoate of soda and other preservatives in their products and asked to vote against a resolution condemning the use of such articles in foodstuffs caused a sensation at the final meeting of the House of Delegates at the Pennsylvania State Medical Association. As a result, the president succeeded in barring from the meeting fifteen agents of the

food manufacturers who were present. The resolution was then passed unanimously, and the recent action of the American Medical Association on the same question was indorsed.—St. Louis Medical Review.

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Dr. George F. Wright of Ellsworth, Kans., who was for many years associated with Dr. Wm. H. Davis of Denver, made a flying visit to this city early in October. Dr. Wright has made an ample competence from his former investments in Kansas lands, and now does only office and consultation work.—Denver Medical Times.

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**American Hospital in Paris Opened.** The American Hospital which was built and equipped by the American colony in Paris, was formally opened on October 28. The hospital is beautifully situated at Neuilly, a suburb of Paris, and is surrounded by spacious grounds. It contains twenty-five beds, many of which have already been endowed. Among those who have thus contributed to the permanency of the institution are Miss Helen Gould, Mr. J. Pierpont Morgan, and Mr. W. K. Vanderbilt.

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The death of Dr. Cesare Lombroso October 18, last, ends the career of one of the greatest students in criminology in the history of medicine. His attention was first directed to the subject by noticing certain abnormalities of the skull while dissecting a soldier executed for killing an officer. The idea of degeneracy developed with his studies into a theory of crime. An entirely new school of criminology has developed from the anthropometric rules he laid down. The treatment of the defective criminal may be in time modified as much by Lombroso's theories as was the treatment of the insane by the humanitarian impulses of Pinel of Paris, of Wm. Tuke of England, and of Dr. Benjamin Rush of Philadelphia.—Illinois Medical Journal.

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**The Fifteenth International Congress on Hygiene and Demography** will convene in Washington, D. C., from September 26 to October 1, 1909, on the invitation of the Department of State of the United States Government. This will be the first time that a meeting of this congress will be held on the American continent. Section III of this congress deals with the subjects of school hygiene and the hygiene of infancy and childhood. The following topics have been suggested for discussion: The hygiene of the home; the hygiene of the school child; the hygiene of the school building; the hygiene of instruction; hygiene with reference to

physical defects; the hygiene of the teacher; the hygiene of open air schools; out of school hygiene; municipal hygiene with reference to children; and the propaganda of child hygiene. Dr. A. Jacobi is president of this section and Dr. Luther H. Gulick is secretary.—*N. Y. Medical Journal.*

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The Western Dental College of Kansas City, Mo., is in the most prosperous condition of its career. The roll of students is the largest in the history of the institution. Dr. J. T. Mitchell, formerly professor of anatomy in the College of Physicians and Surgeons has the chair of anatomy in the dental college.

The curriculum embraces 3 years work and their equipment justifies the assumption of scientific work.

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The following articles have been accepted by the Council on Pharmacy of the A. M. A. Suprarenalin Inhalant, (Armour & Co.); Bilein, (Abbott Alkaloidal Co.); Bilein Pills,  $\frac{1}{4}$  Gr., 1-8 Gr., and  $1\frac{1}{2}$  Gr., (Abbott Alk. Co.); Iodone Oil, (Henry C. Blair Co.); Iodone Ointment, (Henry C. Blair Co.); Comp. Yellow Oxid & Adrenalin Oint. (Manhattan Eye Salve Co.); Cocaine and Adrenalin Oint. (Manhattan Eye Salve Co.)

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On the invitation of the Department of State of the United States Government, the Fifteenth International Congress on Hygiene and Demography will convene for the first time on the American continent, in Washington, D. C., from Sept. 26 to Oct. 1, 1910. Section Three of this Congress deals with the subjects of the Hygiene of Infancy and Childhood; School Hygiene. Should any of the readers of the Journal know of any original work which is being done bearing upon this topic. the secretary of Section Three, Dr. Luther H. Gulick, 1 Madison avenue, New York City, will be glad to hear from them regarding the matter.

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**The Annals of Surgery Issues Its Fiftieth Volume.**—On January 1st, 1885, there appeared in the literary medical world the first number of a new journal, given up entirely to general surgery. This radical departure from the old lines had the full endorsement of a large number of the leaders in surgery, both in Great Britain and the United States, among whom was Lord Lister, whose name led all the rest on the title-page. The seed was good, the soil fertile, and the journal grew and prospered. To-day it's the *Annals of Surgery of Philadelphia*. In December it blooms—blooms in full, and its subscribers will be treated to a choice collection of

twenty-two original articles in the form of a jubilee number.

Eminent surgeons from England, Scotland, Denmark, France, Italy, Hawaii, Canada, and the United States will contribute to this issue. Truly the editors and publishers deserve great praise for so fitly rounding out this fiftieth volume.

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**School Inspection Growing.**—Statistics gathered from 358 cities in forty-two states and the District of Columbia by the bureau of municipal research indicate a growing tendency of cities to closely watch the physical condition of their school pupils. Of these cities 147 with a school population of seven hundred thousand, are not making any attempt to discover transmittable diseases; 211 are inspecting for such disease; 226 are inspecting for defective vision; 170 for breathing trouble and 118 for bad teeth, while 104, a population of 3,200,000, have no examination of any kind for their six hundred thousand school children. Fifty-five cities supply nurses to instruct parents at schoolhouses; forty-three send nurses from house to house to instruct parents; ninety-seven send out cards of instruction about tuberculosis, dental hygiene and diet, while 152 cities co-operate with dispensaries, hospitals and relief societies in the care of school children.

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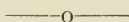
**Endowment of the Pasteur Institute.**—The Pasteur Institute in Paris will shortly come into possession of a capital sum estimated at 30,000,000 francs (\$6,000,000), the product of the estate of the late M. Osiris, which is now being realized. In 1903 M. Osiris founded a triennial prize of \$20,000, to be given to "the person who had rendered the greatest service to the human race during the three preceding years." The prize was awarded to Dr. Roux, Director of the Pasteur Institute for the discovery of the antidipteria serum. Instead of devoting the money to his own private purposes Dr. Roux made over the sum to the Pasteur Institute. The self-denying action so impressed the millionaire that he left the bulk of his fortune to the Institute as a token of admiration for the scientific attainments and selfabnegation of Dr. Roux. The Pasteur Institute is greatly in need of funds, and this endowment will firmly establish it as a monument worthy of the great master.—Journal of the Medical Society of New Jersey.

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**Thirty Million for Charity.**—Among the bequests included in the will of John Stuart Kennedy, who died in New York on October 31st, leaving an estate valued at about \$60,000,000, of which



approximately one half goes to educational, charitable, religious and benevolent institutions, are the following: Presbyterian Hospital, New York, \$2,250,000; United Charities, a corporation of the State of New York, \$1,500,000; Charity Organization Society of the City of New York, \$750,000, for its School of Philanthropy; New York Infirmary for Women and Children, \$20,000; Presbyterian Home for Aged Women, New York, \$10,000; Manhattan Eye and Ear Hospital, \$10,000; New York Orthopædic Dispensary, \$10,000; Home for Incurables, Fordham, N. Y., \$10,000; New York Society for the Relief of the Ruptured and Crippled, \$10,000; Charity Organization Society of the City of New York, \$10,000; Association for Improving the Condition of the Poor, \$10,000; Children's Aid Society, \$10,000; State Charities Aid Association, New York, \$10,000; the Alumnae Association of the Presbyterian Hospital, New York, \$10,000; Bar Harbor, Maine, Medical and Surgical Hospital, \$5,000,



The American Journal of Surgery will produce in December a PHILADELPHIA issue of their journal, the subject matter of which will be composed entirely of contributions from among the leading men of that city. Among the subjects to appear and their contributors are as follows: "A Consideration of the Diagnosis and Treatment of Retro-displacement of the Uterus," by E. E. Montgomery, M. D., Prof. of Gynecology, Jefferson Medical College; "Polypoid Growth of the Rectum and Report of a Recent Case," by Lewis Adler, Jr., M. D. Prof. of Diseases of the Rectum, Philadelphia Polyclinic; "Tumors of the Urethra in Women," by Barton Cooke Hirst, M. D., Prof. of Obstetrics, University of Pennsylvania; "The Control of Hemorrhage During Pregnancy," by Edward P. Davis, M. D., Prof. of Obstetrics, Jefferson Medical College; "Cyclodialysis," by Walter L. Pyle, A. M., M. D., Ophthalmologist to the Mt. Sinai Hospital, Ass't. Surgeon of Willis Eye Hospital, etc.; "Roentgen Treatment of Malignant Diseases," by Charles Lester Leonard, A. M., M. D., Ex-President of the American Roentgen Ray Society; "The Conservation of the Middle Turbinated Body," by William A. Hitschler, M. D., ; "The Diagnosis and Treatment of Ectopic Pregnancy," by F. Brooke Bland, M. D. The following well-known surgeons will also contribute and their titles will be announced at a later date. Ernest La Place, A. B. A. M., M. D., Prof. of Surgery, Medico Chirurgical College; Prof. William Campbell Posey, Prof. of Ophthalmology, Philadelphia Polyclinic; John G. Clark, M. D., Prof. of Gynecology, University of Pennsylvania; H. M. Christian, M. D., Clinical Professor

of Genito-Urinary Diseases, Medical Chirurgical College; John A. McGlinn, A. M. M. D., and others.

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**Appeal to the Medical Profession of the West and South.**—Up to the present time there has not been a concerted effort made to collect and preserve historical data in regard to the origin, evolution and personnel of our profession in this part of our country. The result of this delinquency has been the total loss of much material that should have been preserved, especially pertaining to medical schools and societies, and biographical matter in connection with the practitioners and teachers of medicine of by-gone days. A good deal of material of this character is still obtainable if a systematic effort is made to locate and preserve it. It is in the possession of individuals, families and private libraries, and will eventually be lost. The Western Association for the Preservation of Medical Records was organized in May, 1909, for the purpose of collecting the historical and biographical records of the profession of the west and south. We wish to preserve anything and everything pertaining to western medicine and medical men and are anxious to enlist the active help and support of every member of the profession who is in sympathy with our aims. We want every one to become associated and identified with the work of our association. There are no fees or obligations of any kind. We have made arrangements with the Lloyd library., Cincinnati, Ohio, for the proper housing of the material collected. The latter will be systematically arranged, catalogued and properly preserved so that it can be made available for research work. We are particularly anxious to obtain: 1. Medical journals published in the west and south prior to 1880. 2. Medical books and pamphlets written or published in the west and south. 3. Manuscripts and autographs of early physicians. 4. Old diplomas and other documents of a medical character. 5. Proceedings of medical societies. 6. Reports of hospitals and other medical institutions. 7. Catalogues and announcements of western and southern colleges of all "schools." 8. Biographies and portraits of western physicians. 9. Information and material of any kind pertaining to medicine and medical men and affairs in the west and south. Curios of a medico-historical character.

All contributions should be sent in care of the librarian. In view of the fact that we are performing a labor of love and have no funds, our friends and associates will readily understand why all contributions sent by express or freight should be prepaid so

that no expense may accrue to the association. The necessary expenses of the association are at present being met by voluntary contributions of its organizers.

May we not count upon your active help and support? We would like to hear from every member of the profession who is interested in the proposed work.

C. A. L. REED, M. D., Chairman.

OTTO JUETTNER, M. D., Secretary.

A. G. DRURY, M. D., Librarian, 710 W. Eighth Street, Cincinnati, Ohio.

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### TOPEKA NEWS NOTES.

The Doctors Minney are sojourning for a time in California.

Dr. T. C. Biddle spent considerable time this summer in California.

Dr. Albert M. Dawson, Jr. will soon leave for six months Post Graduate study in Chicago.

Dr. S. G. Stewart is expected home shortly after two months' recreation on the Pacific coast.

Dr. Crabb and Dr. Hammell are the latest additions to Topeka's automobile fraternity.

Dr. L. V. Sams has been elected assistant to the chair of Gynecology at the Kansas Medical College.

Dr. J. N. Beasely has been elected to the position of lecturer in clinical medicine in the Kansas Medical College.

Dr. M. G. Sloo has been elected to the position of Demonstrator in Physiological Chemistry in the Kansas Medical College.

Dr. H. L. Alkire has just returned from New York where he has been attending the meetings of the American Ophthalmological and Otolaryngological society.

The Doctors of Topeka have organized a Medical Science Club, having a membership of about 15, which meets every Friday night. The topic of study this winter is Clinical Diagnosis.

Dr. C. L. Williams and Dr. Mary V. Church were elected to membership in the Shawnee County Medical Society at the last meeting and the names of Doctors Pettyjohn and Billings were proposed.

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The annual business meeting of the Shawnee County Medical Society will be held Monday, Dec. 6th, This has been a very prosperous year for the Society and has been the first year in which it has continuously held regular weekly meetings.

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Dr. T. W. Peers is slowly recovering from the effects of a paralytic stroke from which he suffered some weeks ago, and his medical friends are glad to see him sitting up again. The profession in Topeka and the Kansas Medical College have missed Dr. Peers greatly during his illness.

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Saint Francis hospital has been completed and is fully furnished throughout. It was opened to the general public, October 17th, with appropriate ceremonies by The Right Reverend Bishop Lillis of Leavenworth and the Governor of Kansas, Hon. W. R. Stubbs. Every room has been handsomely furnished by individual donors. Dr. Floersch equipped the sterilizing room with the best and latest machinery obtainable. The operating room, perhaps the lightest and certainly one of the finest in Kansas is especially worthy of mention. The hospital is already well filled with patients.

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## **SOCIETY NOTES.**

The American Physiological Society will meet in Washington, D. C., Dec. 28-30, 1909.

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The Southern Surgical and Gynæcological Association will meet at Hot Springs, Dec. 20-21, 1909.

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The American Protologic Society will hold its next meeting at the Planters Hotel, St. Louis, June 6-7, 1910.

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The 61st meeting of the American Association for the Advancement of Science will be held in Boston December 27, 1909, to January 1, 1910.



The North-east Kansas Medical Society will hold its annual meeting at Lawrence, Feb. 10, 1910, under the presidency of Dr. O. P. Davis, of Topeka.

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The Chautauqua County Medical Society convened in Peru, on the evening of November 4.

Only one paper was read, by Dr. Blachley, of Cedar Vale, on Diseases of the Thyroid Gland. After discussing the paper, those present repaired to the dining hall of the Peru Hotel, where a sumptuous banquet was given the Society by the doctors of Peru. Several wives of the doctors were present, and responded to toasts.

Our next meeting will be December 6 in Chatauqua. We expect a full turn-out at this meeting, as our year's work closes then and new officers will be elected for the ensuing year.

Our Society is in good shape and doing good work. The presence of ladies we find a great help, and expect to have them in our meetings more often in the future.

MILTON T. EVANS, M. D., Secretary.

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**Meeting of the Southwest Medical Association.**—At the fourth annual meeting of the Medical Association of the Southwest, held in San Antonio, Texas, November, 9, 10 and 11, under the presidency of Dr. Jabez N. Jackson, Kansas City, Mo., the following officers were elected: President, Dr. George H. Moody, San Antonio, Texas; vice-presidents, Drs. Howard Hill, Kansas City, Mo., Charles E. Bowers, Wichita, Kan., David A. Myers, Lawton, Okla., and Asbury J. Vance, Harrison, Ark; secretary-treasurer, Dr. Fred H. Clark, El Reno, Okla., (reelected); and executive committee, Drs. S. Grover Burnett, Kansas City, Mo., Jacob F. Gsell, Wichita, Kans., Everett S. Lain, Oklahoma City, Okla., James A. Foltz, Fort Smith, Ark., Edward H. Cary, Dallas, Texas., and Charles E. Bowers, Wichita, Kan. Wichita was selected as the place of next meeting.

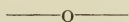
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**New Medical Association.**—The American Association for the Study and Prevention of Infant Mortality was organized at New Haven, November 13, as the result of the convention of the American Academy of Medicine for the discussion of that topic. The following officers were elected: President, Dr. J. H. Mason Knox, Jr., Baltimore; vice-presidents, Prof. C. E. A. Winslow, biologist-in-chief of the laboratory of sanitary research, Massachusetts Institute of Technology, Boston, and Homer Folks, secretary of the New York State Charities Aid Association, and secretary Dr. Henry I. Bowditch, Boston.

The Labette County Medical Society held its regular monthly meeting in the Matthewson Hotel, Parsons, November 24, Dr. M. L. Perry read a paper dealing with the classification of Insanity giving special attention to manic-depressive insanity and dementia precox.

Dr. H. P. Mahan conducted a quiz on Mental Diseases. Dr. L. B. Kackley reported an interesting case of an 8 year old child with a history of some trauma which did not seem serious but was followed the next day with a prolonged series of convulsions which terminated fatally. Much discussion as to the pathology and the relation of the injury was brought out and several theories advanced. The society has under consideration the advisability of holding an open meeting in the near future.

O. S. HUBBARD, Secretary.



**Open Meeting for County Societies.**—The attention of all county societies is called to the following resolutions unanimously adopted at the Atlantic City session of the American Medical Association, June 10, 1909.

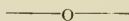
Whereas, The American Medical Association, not only as one of its declared purposes, but by numerous lines of activity, many of them connected with the Section on Hygiene and sanitary Science, stands committed to the education of the public with respect to the nature and prevention of disease, and

Whereas, The demand for such popular education with respect to tuberculousis, cancer, typhoid fever and other decimating disease has become urgent; therefore be it

Resolved, That all county, district and other local medical societies be and they are hereby requested to hold annually one or more open meetings to which the public shall be invited and which shall be devoted to a discussion of the nature and prevention of disease and to the general hygienic welfare of the people.

In accordance with the resolution as given above, all county societies are urgently requested to hold annually one or more open meetings for the public discussion of the nature and prevention of disease and of the general hygiene welfare of the people. The work of public education is one of the most important functions of our county societies. The influence of the county society is directly commensurate with the interest which it shows in the public welfare and the efforts which it makes to enlighten the public regarding modern methods of combating disease and the aims and purposes of the medical profession in this direction. If each county society will hold one annual meeting to which the public is invited,

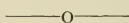
devoting this one evening in the year to public instruction, a long step will have been taken in the education of public opinion and the securing of proper laws and health regulations by which preventable disease may be abated.—American Medical Association, Bulletin



The Mississippi Valley Medical Association held its 25th annual meeting in St. Louis, October 12, 13, 14. The session was probably one of the most delightful in the history of the organization, both from the standpoint of the number of instructive papers read and the pleasurable social features prepared by the local committee of arrangements. The attendance was large and almost all the states in the Mississippi Valley were represented, while invited guests from the east and west coasts added greatly to the interest in the meeting. The program contained many papers of a classical nature in both the medical and the surgical sections, and to emphasize a few of them does not detract from the excellence of the others. Prominent among those which created the greatest interest among the members was the symposium on exophthalmic goitre, with papers by Drs. Beebe, of New York; Oschner, of Chicago; Crile, of Cleveland; Jacobson, of Toledo, and Kanavel and Pollock, of Chicago. Pellagra and hookworm disease, two subjects that have come prominently before the profession and the public through recent investigation and study, aroused almost an equal amount of attention. Pellagra was described by Dr. C. H. Lavender, Past Assistant Surgeon United States Public Board and Marine Hospital Service, and Dr. J. J. Watson, of Columbia, S. C., the latter presenting some patients. Hookworm disease formed the subject of an address by Dr. C. W. Stiles, of Washington, D. C.

The Association very properly endorsed Dr. Wiley, the government chemist, in his fight against the adulteration of food stuffs, and condemned the use of boric acid and benzoate of soda as preservatives.

The officers elected for the ensuing year are: President, Dr. Frank P. Norbury, Kanakee, Ill; first vice-president, Dr. Geo. W. Cale, chief surgeon Frisco Railroad, St. Louis; secretary, Dr. H. E. Tuley, Louisville, Ky; re-elected. Detroit was chosen to entertain the Association in 1910.—Journal Missouri State Medical Association.



## **State Board of Health Notes.**

A few cases of acute anterior poliomyelitis continue to occur each week.

Atoxyl contains about 26 % arsenic.

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Wyandotte county carries the banner for diphtheria for October, 67 cases being reported.

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How many patients know what constitutes an efficient disinfection after an infectious disease?

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In the past six years the State Board of Health has grown from a working force of two to one of thirty persons.

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The assessors reported 23,863 births for Kansas for 1908. Health officers reported about half that number,.

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A case of glanders in a young man occurred in Harper county recently, he had been treating a horse having the disease.

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The November McClures reports 10 cases of Pellagra in Kansas. If there are any cases in the state they are unknown to this department.

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A Reno county woman writes that tuberculosis and insanity is caused by "rats and puffs" in womens hair, and demands an investigation.

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Kansas laws require a thorough disinfection upon the termination of cases of typhoid fever and consumption, are you seeing that this is done?

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Every doctor in Kansas owes it to himself to take a vacation annually; you'll live longer, besides you owe it to your patients, dont' you know.

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Norton and Decatur counties which was the center of the epidemic of anterior poliomyelitis is now being entertained by an extensive small-pox epidemic.

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Physicians who are not reporting their cases of tuberculosis as required by the special law passed by the recent legislature, are not only violating the laws of the State, but are neglecting or refusing to co-operate in a measure for tuberculosis control which is at once the most wise and promises the best results of any law ever passed by this or any other state. Better line up?



Five druggists who were selling Tr. Iodine that was from a third to a fifth standard strength, had affidavits sent to their respective county attorneys.

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Eleven hotels in Kansas preferred to close their doors, than to keep clean. Although there is plenty of space in this great state, there is no room for a filthy hotel.

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Four things Kansas needs: An efficient vital statistic law. A state tuberculosis sanatorium. An enlarged and fully equipped state laboratory. A country slaughter-house meat inspection law.

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Perhaps in no other way is the prosperity of the State reflected, as in the great amount of municipal improvement going on all over the state. Erie and Sabetha are the latest to vote bonds for water-works and sewerage.

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Among the many letters received by the Department of health from laymen, the following causes are given for the epidemic of "infantile paralysis:"

"Green paint on house." "Heavy rains making bad well water." "The use of tobacco by the father of child." "Electricity in storms."

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Notwithstanding much, and in some instances a vicious opposition, the order of the State Board of Health abolishing the common-drinking cup on railroad trains, in railway stations, and in the public schools and state educational institutions, has been universally observed. It has been reported that Michigan and Florida have followed suit.

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Every physician in the state should read professor Sayre's report on the analysis of beef iron and wine preparations found on the Kansas market by drug inspectors of the State Board of Health, and published in the bulletin of the Kansas State Board of Health for October. This report together with the report of the Council of Pharmacy appearing in the November 20th issue Journal of the A. M. A., on the value of certain "Meat juices," should cause us all to "set up and take notice." Isn't it about time to go back to old fashioned pharmacy and medicine?

## GYNECOLOGICAL NOTES.

FRANCES A. HARPER, M. D., Pittsburg, Kansas.

Possibly they exist,—these “normal abnormalities,”—as anomalies, but they can in no wise be considered normal conditions, and should not be quoted as such, nor to prove (?) that the ordinary displacements or irregularities of the pelvic organs require no correction.

It is remarkable to what an advanced stage pathological conditions of the uterus may progress, and yet the woman be about her household duties apparently in fairly good health; and in another case, what apparently slight irritation may be bitterly complained of.

I have never yet had occasion or opportunity to examine any such symptomless displacements in a routine office practice, nor do I hope for any such opportunity. Usually when the attention of the physician is called to the condition it has already assumed the aspect of a decided abnormality demanding relief.

It would be somewhat interesting to know by what means these so-called “normal” conditions are discovered; for, as a rule, a woman will suffer indefinite local symptoms for months and even years, until they become so persistent and unmistakable as to call for relief, before submitting to local examination or treatment.

**Normal (?) Deviations of the Uterus.**—We often see pathological symptoms and conditions occurring in a normally placed uterus, but it is rare indeed to find a symptomless abnormally placed one. We frequently read about and hear of these “normal deviations,” and this to prove that all such conditions may be considered of too little consequence to merit any attention from the physician whatever.

It is as reasonable to expect good results from poulticing a dislocated or broken limb without first reducing the deformity as to attempt to treat a displacement without replacing the organ. Replacement (reduction of the deformity) and proper tamponade for medication and support gives immediate relief from distressing symptoms, and the packing remains firmly in place until removed with some effort.

Finally, the exercise of good judgment and common sense in our methods of treating the very common ailments of women would relieve and cure and obviate unnecessary unsexing and mutilation later on.

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The "hit or miss" methods of treatment as a rule do more harm than good. A packing should never be introduced unless for a definite purpose. If it gives discomfort, it is only aggravation the condition by producing additional pressure. If it gives a sense of relief and comfort, it is relieving pressure, and is doing good.

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It is the wise physician who carefully studies and correctly diagnoses each case and early recognizes the fact that "an ounce of prevention is worth a pound of cure," and that any condition which in any way interferes with the natural functions of the uterus should be considered of enough importance to merit both attention and correction.

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Retroflexions are the commonest displacements we meet in treating diseases of women; they are the easiest of correction by scientific local treatment,—and yet they go uncorrected. The steps in a retroflexion are: prolapse, retroversion, retroflexion (chronic). Unscientific packing for a prolapse may cause, first, a retroversion, and finally produce a chronic retroflexion,—a far worse condition than the original one.

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## **SURGICAL NOTES.**

DR. HUGH WILKINSON, Kansas City, Kansas.

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In post-anæsthetic vomiting (or vomiting from other causes) if we remember that the rectum will absorb several quarts of water daily if given the chance, we can relieve a violent thirst and give the stomach a much needed rest to say nothing of other beneficial results.

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Fracture of the femur just below the trochanter is an unruly one to handle. The ilio-psoas muscle tilts the upper fragment forward, upward and inward. No splint or apparatus will hold it down. The only logical treatment is to put on the classical "Buck's extension" and raise the lower fragment till in line with the upper, even to a vertical position if necessary.

There is too much "monkey business" with pus in the belly. Many cases cure best by careful wiping and closure without drainage. In others the sooner we get in, wipe out, put in a big drain and quit with postural drainage and saline enemas the more chance our patient has.

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The fact that there are many fake cases of "railway spine" or "surgical neurosis" as seen in the courts is no evidence against the reality and genuineness of this disease in many cases. They are distressing in the extreme for all parties concerned and are not all cured by the payment of big damage money.

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In cranial disease and injuries with symptoms of compression our prognosis can be made more thorough by the employment of a skilled ophthalmoscopist and a sphygmomanometer. The retinal vessels act similar in these cases to the intracranial vessels and the sphygmomanometer keeps us accurately posted as to the vasomotor tone. It is the vasomotor disturbance that kills—  
**NOT THE BRAIN PRESSURE ITSELF.**

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—o—

An intraligamentous ovarian cyst, burrowing beneath every pelvic organ is more often diagnosed after laparotomy than before. They are thin-walled and easily ruptured. There is no pelvic operation more difficult of execution than the perfect dissection of these cysts. Any remains of lining is almost certain to cause a return. The latest method of dealing with them is to do a pan-hysterectomy, going down both sides of the pelvis and amputating the cervix as is done for hysteromyomata. It is said that the cysts are quite easily handled in this way.

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In the ordinary run of obstetrical work absolute *A sepsis* seems nearly impossible. It is at times a great temptation on the part of some, after an extraction, or forceps delivery, to reach in and take the secundines manually. This one act will account for many cases of puerperal sepsis. We must remember that the interior of the uterus is soundly protected from contamination by these very membranes and spontaneous expulsion or Crede's method leaves the raw interior of the uterus absolutely untouched and minimizes the danger of infection. Afterwards: "less done soonest mended".

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Aspirin can replace morphine for many of the post-operative pains, particularly at night.—American Journal Surgery.



## DRUG ANALYSIS No. XXIII.

By L. E. Sayre, director; L. D. Havenhill, chief; G. N. Watson, Analyst; C. M. Sterling, microscopist.

From Bulletin Kansas State Board of Health.

The present report from the drug laboratory, it is hoped, will reach as many druggists of the state of Kansas as possible, because, especially, of the two medicinal preparations discussed, namely, "Beef, Wine and Iron," and "Sweet Spirits of Nitrous Ether."

The principal aim of the Pharmacopœia and the National Formulary, it is well known, is to secure uniformity in medicinal preparations. The federal law and the state laws very strongly support this idea of uniformity by adopting the Pharmacopœia and National Formulary as official standards.

The preparation known as "Beef, Wine and Iron" (*Vinum Carnis et Ferri*) is a preparation standardized, so to speak, by the National Formulary. It is well known as a solution of extract of beef in water, alcohol, sherry wine and syrup, flavored with compound spirit of orange; each dessertspoonful representing 0.264 gm. extract of beef and 0.236 cc. of tincture citro-chlorid of iron. The finished preparation, when made of a good extract of beef and other ingredients, is of a light orange to a dark orange color, and after standing will precipitate more than a trace of insoluble material. The medical profession, in prescribing this preparation, seems warranted in the assumption that, as it has an official standard, it is of practically uniform composition. Whenever and where ever dispensed it should therefore represent practically the same proportion, and the same percentage of extract of beef, of iron and of alcohol. As the food and drugs law recognizes the preparation, the pharmacists are likely to be called to account for any great variation from the standard, but it should be stated that we have in it, as officially formulated, inherent elements of variability. It might be classed as one that may vary within certain wide limits. This will appear if we will examine carefully the official (N. F.) formulæ, referring in detail to some of the essential ingredients:

Sherry Wine.—There seems to be no standard for this article,. A standard for *Vinum album* (U. S. P. and N. F.) is obtainable, but in neither case (the U. S. P. and N. F.) is it mentioned that this liquid is related to sherry wine. It leaves a chance, at least, for employing a so-called sherry wine of extremely variable quality and of variable alcoholic strength; that this is the case—that this chance is taken—is confirmed by our examination of some of the market preparations of beef, wine and iron.

Quantity of Sherry Wine.—Assuming that we have a standard

for sherry wine, the quantity of this wine employed in the N. F. formula is necessarily slightly variable. No two operators may produce the same quality of preparation, and still may follow conscientiously the formula, because the N. F. directs, in the first part of the operation, that alcohol be distilled off, and to the residue sherry wine be added sufficient to make 1000 cc. Now, the quantity of wine added will vary in proportion to the concentration of the residue which remains from the distillation. Some operators may concentrate the residue more than others. This, it may be said, causes a variation practically negligible, but it nevertheless shows that the liquid in question cannot be supposed to be brought to as high a degree of uniformity as that of the better established official preparations.

Extract of Beef.—Much has been said of the slight nutritive value of extract of beef. But, however, little nutriment it may possess, its quality should not be lost sight of. We meet, in the market, extreme variations in it, as will be shown. "Extract of Beef" has grown to represent several widely different preparations. For example: Leibig's Extract of Meat (often employed as extract of beef) may be obtained from mutton. Genuine beef extracts may be more or less salty, have different percentages of peptone, of water, and differ in physical properties. It may have been concentrated *in vacuo*, in open pans, concentrated at high temperature, etc., so that we may not expect absolute uniformity in this preparation. It is well, therefore, that the pharmacist should recognize this, and use care in selecting a good product for pharmaceutical purposes. Our examination of the various wines of beef and iron on the market seem to indicate that many are not made with a view to conforming to the official (N. F.) process and formula.

Some twenty-five brands of "Beef, Wine and Iron." sent to the laboratory by the inspectors of the states have been examined. These were made by different manufacturers. A few of these manufacturing firms we have been unable to trace. One of these we should especially note: The "Philadelphia Pharmica Association." In order to locate this "firm." we have corresponded with different manufactures in Philadelphia, and have made personal inquiries ourselves in the city of Philadelphia, and thus far we have been unable to find the location of this manufacturing company. It should be stated in this connection that wherever the manufacturer's name appears on the label, the manufacturing house should be substantial enough to make itself evident by an ordinary investigation.

For the purpose of investigating the variability of the preparation as exemplified by the brands of "Beef, Wine and Iron" sent in to the laboratory by the inspectors of the state of Kansas, we submit the following number of analyses, arranged in tabular form. Numbers 1 and 2, at the bottom of the column, were National Formulary preparations made by our ourselves; the No. 1 being made from Leibig's Extract of Meat, and No. 2 from Armour's Extract of Beef.

### ANALYSIS OF BEEF, WINE AND IRON.

Laboratory Number.	Per cent. alcohol as stated on bottle.	Per cent. alcohol found, approx.	Weight of total solids in 100 cc.	Weight of inorganic solids in 100cc.	Weight of Fe2 O3 in 100 cc. gm.
2524.....	20.0	21.8	25.076	0.641	0.216
2525.....	24.0	18.5	12.007	0.967	0.120
2526.....	18.0	18.0	18.116	0.566	0.040
2527.....	24.0	22.0	12.779	1.519	0.224
2528.....	15.0	13.0	4.691	0.442	0.024
2531.....	*.....	18.0	9.122	0.952	0.088
2532.....	†.....	14.7	13.354	5.462	0.040
2533.....	25.0	16.8	1.268	0.924	0.192
2534.....	16.0	17.4	6.077	1.563	0.272
2535.....	21.0	18.7	9.383	0.870	0.016
2536.....	18.0	14.8	11.403	0.403	0.040
2537.....	18.0	18.8	15.321	0.858	0.080
2539.....	23.0	19.7	9.738	0.76	0.144
2540.....	*.....	12.0	23.710	0.747	0.072
2541.....	18.0	18.7	14.254	0.617	0.052
2542.....	16.0	14.8	10.637	0.458	0.048
2543.....	16.8	15.4	9.547	0.467	0.176
2557.....	16.0	18.6	13.800	1.445	0.176
2561.....	17.0	15.7	7.687	0.545	0.425
2581.....	18.0	16.7	8.989	0.849	0.096
2666.....	20.0	16.7	25.653	0.924	0.216
2680.....	12.0	20.5	9.799	0.962	0.472
2700.....	20.0	18.3	5.834	1.090	0.012
1.....	.....	14.0	11.848	0.790	0.192
2.....	.....	13.7	11.721	.....	0.184

\*Not declared.

†Not more than 18 per cent.

The variability will also be shown in a condensed form by an exhibition of the following data:

1. Price: From 70 to 75 cents per pint (retail); from 25 to 42 cents per pint (wholesale). In a few cases the price was not noted.

2. Percentage of alcohol declared: From 12 to 25 per cent.
3. Percentage of alcohol found: From 12 to 22 per cent. In all but two cases the percentage declared was greater than that found. In one case, however, the declared percentage was 12 per cent. and the percentage found was 20.5 per cent. In another case the percentage declared was 25 per cent. and found to be 16.8 per cent.
4. Total solids: Variation from 4.691 gm. to 25.553 gm. in 100 cc. This immense variation was due to sugar content.
5. Inorganic solids: Variation from 0.403 to 1.563 in 100 cc.
6. Iron ( $\text{Fe}^2\text{O}^3$ ): Variation from 0.012 to 0.472 in 100 cc.
7. Color (estimated in 100 cc. burette): Variation from light orange-red to very dark reddish-brown.
8. Sediment (deposited in 100 cc. tube): Variation (by measure) from a mere trace to 6.5 cc.
9. Proteids (?) precipitated by bromin in a graduated 100 cc. tube: Variation (by measure) from 5 cc. to 30 cc.

It is needless to say that such variability is unwarranted; still, when we consider that this preparation has scarcely emerged from the class of unofficial proprietary articles it is not to be wondered at. Great liberties will likely be taken with it unless some one is here and there called to account for not adhering to the N. F. formula. It is fair to assume that the Board of Health will only be carrying out the spirit of the law if it insists upon a more strict adherence to the National Formulary.

#### SPIRITS OF NITROUS ETHER (SWEET SPIRITS OF NITER.

The pharmacists' attention should again be called to the instability of this preparation. Our inspectors not infrequently find this ethereal liquid kept, contrary to the directions of the U. S. P., in half-gallon or gallon bottles, exposed more or less directly to the sun's rays. This is sure to cause decomposition, but diffused light, if the preparation is kept in small, amber-colored bottles, causes little or no deterioration. Using every possible precaution, however, the delicate constituents of the liquid are likely to change, and the preparation becomes weaker, due to the escape of ethyl nitrite, for the boiling-point of this ethereal salt is so low ( $17^{\circ}\text{C}.$ ) that it readily escapes, even at ordinary temperatures, from the alcohol in which it is dissolved. The ethereal salt (or ester) readily undergoes hydralalysis by contact with water, ethyl alcohol and nitrous acid being formed. Hence, in making the liquid from the concentrated spirits of nitrous ether care should be used that the the alcohol employed in dilution should contain no more water than the official alcohol (7.7 per cent. by weight). It has been



found that some pharmacists neglect this point. Physicians especially are unmindful or ignorant of this when they prescribe the liquid in mixtures having an aqueous vehicle; it would probably be most advantageous to prescribe the preparation in such a way that it should be mixed with water at the time of administration.

The question naturally occurring to those who have the responsibility of executing the food and drugs laws is, what shall be considered as adulterated spirits of niter? In a recent report on this preparation, from Canada (Ottawa, Bulletin 167), the executive officer states: "I am compelled to pronounce all samples containing less than 1.75 per cent, of ethyl nitrite as adulterated under section 7 of the adulteration act (R. S., 1906, chap. 133). The British Pharmacopœia requires for the freshly prepared spirits of nitrous ether: Maximum, 2.55 per cent; minimum, 2.27 per cent. For spirits kept for some time, etc., minimum, 1.75 per cent." It will be seen, therefore, that a standard is fixed in Canada below which the chemist may consider the article adulterated.

The United States Pharmacopœia requires 4 per cent. of ethyl nitrite, and no minimum percentage is stated. The Board of Health in Kansas has not passed any regulation concerning this article, although it has been a subject frequently brought before the Board. This much should be said, however: Druggists should by all means take proper precautions to enable them to guarantee the article which they dispense. If the inspectors should find that the liquid is carelessly stored, and kept in conditions which will be sure to decompose it, they are likely to take samples for analysis.

A recent circular issued by the Ohio dairy and food commissioner calls special attention to the method of keeping this preparation as follows: "Your attention is again called to the importance of keeping this product in accordance with the provision laid down in the eighth revision of the U. S. P., which directs that it will keep in small, well-stoppered, dark-amber colored vials, in a cool place, remote from light and fire."

One of the essential points, therefore, it seems, that should be observed by the druggists regarding this article, is the method of keeping it. How many druggists observe the explicit directions of the Pharmacopœia? My own personal observation, in Kansas and in other states, leads me to suspect that there is a large percentage of the pharmacists who disregard these directions. This fact may partly account for the reports of various analysts. In Canada, for example, the analyst reports that 63 per cent. of the samples collected were adulterated—that is, were below 1.75 per cent. of ethyl nitrite. Four samples of the seventy-seven exam-

ined contained no ethyl nitrite whatever; fifteen others contained less than half of one per cent.

In commenting upon this condition the analyst remarks: "A physician prescribing such an article would assuredly be disappointed in the results; and when we bear in mind that this drug is much used in febrile conditions to produce critical sweating; as a diuretic to relieve strangury produced by cantharides, in all painful affections of the urinary apparatus, whether occasioned by calculous or inflammatory disorders, and in affections of the kidneys in which congestion of these organs occur, and to quiet nervous agitation, we can realize to some extent the danger to the public which is involved in the failure of the druggists to keep this drug up to the pharmacopœial standards." He further adds: "It is evident that the retail druggist must be held responsible for the proper strength of this article."

In the drug laboratory we have been carrying on a series of experiments to show the effect of amber glass and that of light transparent glass bottles on the spirits. We have also compared the glass-stoppered and cork-stoppered bottles. It is needless to give the details of these experiments. We have found that the ordinary glass-stoppered bottle is less valuable than the cork-stoppered. For example, the spirit kept in amber 100 cc. glass-stoppered bottles lost in two weeks 0.4 per cent; in well corked 100 cc. amber glass bottles 0.2 per cent. The amber glass proves itself far superior to ordinary colorless glass, as would be expected. Spirits of niter kept in half-gallon amber glass bottles lost it strength more than twice as rapidly, kept under the same conditions. It would seem, therefore, that the pharmacopœial requirements should be strictly observed by pharmacists in keeping spirits of nitrous ether, otherwise there is great danger of its deterioration.

Another very important point should be brought to the attention of jobbers as well as retailers: Sweet spirits of niter should not be marketed in small retail packages and distributed in the manner which grocers and others market and distribute flavoring extracts. It has been the custom for jobbers to put up for retail trade packages of spirits of niter. We have examined many of these from grocer's shelves and they almost invariably prove worthless. It is safe to say that the Board should rule that all such packages are illegal and the preparation should be confined to the stock of the pharmacist, who should be held responsible for its quality, for the proper storage and dispensing of it. Ready for use packages of the finished product, such as described, should be withdrawn from the market.—(L. E. S.)

**CLINICAL NOTES**

Alcohol has been universally accepted as one of the principal factors in the causation of arteriosclerosis, but, according to Cabot, erroneously, as he has figures which tend to disprove that idea.—Long Island Medical Journal.

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Abdominal pain associated with a small mass in the umbilical region, or at the brim of the pelvis, should arouse the suspicion of a possible "fused," "horseshoe" or "pelvic" kidney.—American Journal Surgery.

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Carcinoma of the penis is a malignant condition of that organ which demands more than ordinary judgment for its proper treatment and management. In former days, amputation of the organ was the only recourse left; today, treatment by means of the x-rays seem to be both successful and satisfactory.—American Journal Dermatology.

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Prominent surgeons are using hot olive oil for sterilizing instruments, instead of water. Vessels holding the oil can be heated to a point very much higher than the boiling point of water; 340 deg. to 350 deg. F. and the same oil can be used time and time again. It is really a very practicable method.—Ellingwood Therapeutist.

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The more recent the date of a paternal syphilis, the more certain will be the infection of the offspring. It is not unusual for such children to be still-born. On the other hand, the more recent the infection of the mother the more probable is the child, to be born affected with acquired syphilis. —American Journal Dermatology.

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When in doubt, says Deaver, drain rather than remove a gall-bladder which may recover itself; better to do this even at the expense of a fistula (mucus) which will call for a second operation, than take out a gall-bladder which may again normally functionate. Better do two operations in an attempt to save a gall-bladder that may recover itself, and in a few of these instances save a human life at the same time, than do an operation which will certainly sacrifice the one, if not both—Medical Standard.

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A great many eye troubles, such conditions as phlyctenular

conjunctivitis, are found in tubercular individuals, as is shown by careful examination of the lungs. At least 60 per cent. of cases of phlyctenular conjunctivitis are tubercular. For a great many years interstitial conjunctivitis has been thought to be syphilitic, but now a great many of these cases are recognized as tubercular.—Dr. L. C. Peter, in *The Virginia Semi-Monthly*.

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**Turpentine Stupes.**—Turpentine stupes merit more frequent use than at present obtains—a fact no doubt due to error of application, and in consequence uncertain, if not at times unpleasant effects. In the preparation of stupes the temptation is to put the turpentine into the water in the basin. The result is uncertainty, if not defeat of effects. The medicament swims on the surface, and when the water is agitated clings to the free rim of the basin above the water. All these disadvantages are overcome by dropping the turpentine (from five to ten drops only) on the flannel cloth and pressing it gently between the palms a few times, after first wringing the cloth from water as hot as the hands will bear. By this method there is no loss. The requirements of the most delicate infant or resistant adult can be met with certainty. In the former, and all stuporous patients, the effect of such applications should always be watched with care.—Medical Council.

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In the treatment of superficial burns, it is becoming quite common to use a solution of picric acid in the proportion of a dram of the acid to a pint of water. Gauze saturated in this solution and applied to a superficial burn, large or small, will quickly relieve pain and promote healing. The use of full strength of carbolic acid is advised, but over a large surface there is too much danger of absorption.

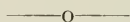
After the burning heat and pain are entirely relieved, an ointment may be prepared of carbolic acid, 5 grains, bismuth subnitrate, 3 drams, lanolin, 1 1-2 ounces; olive oil, 1-2 ounce, and freely applied. The soothing effect of this and its active healing properties are great, and it will do more than any other formula with which I am familiar, toward preventing the formation of scars. In fact in some cases in which I have used it there has been no scar formed at all, but normal healthy skin formed quickly.—Ellingwood Therapeutist.

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**Epithelioma of the Lip.**—Notwithstanding the more favorable prognosis as regards recurrence of operated cancer of the lip,



J. C. Stewart, Minneapolis (Journal A. M. A., November 6), pleads for a more radical operation in its removal than the old V-operation. If it recurs in only 25 per cent. of patients operated on, a much lower ratio than in other kinds of cancer, he asks if that 25 per cent. should be condemned to possible recurrence when that possibility can be still more reduced by more thorough and radical operation. He believes that these patients are entitled to the very best chance and that a radical operation in lip cancer, done before extensive lymphatic infection has occurred, would still further reduce the liability to recurrence. He describes and illustrates the method he has used and sums up as follows: "1. Local removal of lip cancer should never be done, because it is impossible to exclude lymphatic involvement in any case. 2. Radical operation embodying the principle laid down is the only sure way to obtain the best results for our patients, our own reputations, and the credit of the surgical treatment of cancer. 3. Even in recurrent cases much can be done, and these patients should, when the extensive involvement of irremovable soft parts does not preclude, be given the benefit of a carefully executed operation on the same lines."



**Iodid of Potassium.**—G. Dock, New Orleans (Journal A. M. A., November 13), reports his opinion as to this drug which he says is a striking example of the uncertainty, unrest, and dissatisfaction characterizing the therapeutics of the day. He says we have here a good example of the value of empiricism as a guide to wider knowledge as well as a refuge and comfort in time of need. First he speaks of the necessity of knowing how much of the remedy to give and says some of the ideas entertained by some members of the profession at present are an example of imperfect education as regards dosage. Any one who thinks that more than five or ten grains at a dose is dangerous in syphilis is hardly fit to judge of the qualities of the medicine. As regards the prescribing of the remedy, imperfect ideas are also entertained, some thinking that it can be given in one way, and some in another. There are other vehicles that can be conveniently used than the compound syrup of sarsaparilla. Dock has found giving the drug in a solution of a grain to a drop of water and using milk as a vehicle most satisfactory to him when used to produce a marked effect. A bad taste does not necessarily discourage patients from taking a remedy, and he speaks of the freedom of the method from gastric irritation as one of its advantages. Iodism is most frequently seen in patients who have been taking small doses such

as one or two grains at a time, and in the form of inflammatory lesions of the skin and mucous membrane. Lack of cleanliness is responsible largely for the skin infections and local infections may be supposed to play an important part in the mucosa lesions. The iodine "drunk" and iodine mumps he has never observed. Edema of the glottis should be borne in mind but it is probable that in the reported cases there were other more important factors than the iodine. In rare cases iodine causes symptoms due to idiosyncrasy and it is possible that some of the cases of iodine coryza and iodine headache belong to this class. The more general symptoms credited to iodism, with nervousness, emaciation, tachycardia, etc., are not really due to iodine, but to thyroid intoxication. He has used the potassium salt almost exclusively as he finds it better for the constitutional effect, but he would like to see sodium iodine tried further. He has been convinced that it has no decided advantage as regards taste and effects on the stomach are concerned. Of the special preparations on the market he does not speak with any confidence, nor does he recommend the various combinations as being of advantage. He concludes by saying: "Potassium iodine can be taken easily and safely and in adequate quantities by most patients who need it. Other preparations of iodine may prove to be better, but need to be tested, and recommendation based on the inferiority of potassium iodine should be looked on with suspicion."

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**Yellow Oxide of Mercury Ointment** one grain to the drachm is an excellent remedy to use in the ear after a furuncle to prevent its recurrence.

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In persons suffering from alcoholic delirium, never fail to determine whether there is any retention of urine, as a distended bladder, through reflex irritation, may increase restlessness and prevent sleep.—*International Journal Surgery*.

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To afford permanent relief in pruritus ani careful rectal examination should never be omitted. According to Dr. T. C. Hill, about 75 per cent. of these cases present superficial ulcerations and abrasions of the anal canal, while rectitis and sigmoiditis, as well as hypertrophied anal papillæ, are not uncommon.—*International Journal Surgery*.

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**For Chronic Cystitis.**—In the treatment of chronic cystitis Guyon prescribes a pill of the following composition to be taken

our to six times a day (Journal de medecine de Paris, September 18, 1909):

R Venice turpentine.....gr. iss;  
 Extract of cinchona.....gr. iss;  
 Calcined magnesia, q. s.  
 M. ft. pil. No. 1.

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**Application for Simple Chancre.**—According to the Journal de medecine de Paris, Balzer and Tansard use the following solution, applied as a paint for the cure of simple chancre:

R Silver nitrate,  
 Zinc nitrate,.....aa gr. viiss;  
 Distilled water, .....℥iiss.  
 M. ft. solutio.

Sig.: Apply to the surface of the chancre by means of a small pledget of cotton every second or third day.

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**The Local Treatment of Erysipelas.**—The following application is credited to Meunier in Pron's Formulaire synthetique de medecine:

R Menthol, .....gr. xxx;  
 Pulverized camphor, .....gr. viii;  
 Methyl salicylate, .....gr. xlv;  
 Guaiacol, .....gr. viiss;  
 Petrolatum, .....℥ii;  
 Wool fat, .....℥iii.

M. et Sig: Apply to the painful part two or three times daily.  
 —N. Y. Medical Journal.

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**The Operative Treatment of Diffuse Peritonitis.**—Dr. Notzel (Congress of the German Surgical Society) formulates the following three aims of treatment in general peritonitis: 1. The removal of the cause; (2) the speedy removal of the accumulated pus; and (3) thorough drainage. The second aim is best subserved by irrigation, which also has a stimulating action upon the heart and a tonic action upon the intestine. Among 400 cases of peritoneal irrigation there was only 8 abscesses, and hence there seems to be very little risk of diffusion of the pus by the flushing of the peritoneal cavity. It is best to put the patient in the Fowler position. Drainage tubes are preferable to the use of tampons, with closure of the abdominal wound. On the second day the drains are loosened and then replaced by thinner ones. In intestinal paralysis enterostomy has not fulfilled expectations, but the author recom-

mends puncture of the gut with fine needles.—International Journal Surgery.

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**TREATMENT OF DIPHTHERIA, WITH SPECIAL REFERENCE TO THE PREVENTION OF HEART FAILURE.**—Porter, in the Archives of Pediatrics for August, 1909, reaches the following conclusions. He thinks the essentials of treatment for the heart condition accompanying diphtheria are:

1. Prompt and sufficient dosage of antitoxin.
2. Rest in bed not less than three weeks.
3. Attention to the condition of the abdominal viscera.
4. A nutritious, easily digestible diet.
5. Certain drugs, each according to the indications. For a slow heart atropine; for a racing heart, camphor, and ice to the precordium; for vascular failure, ergot.

6. If the heart failure is indicated to an overwhelming toxemia with lethargy, hypodermoclysis.

Finally, the factors determining the number of units of antitoxin to be given are:

1. The intensity of the toxemia.
2. The extent of the involvement.
3. The time elapsed since the first manifestation of the disease.
4. Whether or not there is stenosis of the air-ways.—Therapeutic Gazette.

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**Bier's Method in the Treatment of "White Swellings."**—At a meeting of the Society of Surgery, held in Paris, M. Chaput said that he had used Bier's method in the treatment of so-called white swellings in a fairly large number of cases. He had taken careful notes of fourteen of the cases of which he gave the details. In these particular cases he had used compression with a gauze bandage for twelve hours per diem, and had employed no other treatment. In one case, that of a woman suffering from a white swelling of the back of the hand, a cure had been obtained in one month. Two other similar cases, two cases of tuberculous synovitis, two white swellings of the elbow, one of which had a sinus leading down to the joint, one tuberculous osteitis of the tarsus, and white swelling of the ankle were perfectly cured in a few weeks. M. Chaput, although quite convinced of the efficiency of Bier's method employed alone, admitted that other therapeutic methods might be simultaneously employed. At the conclusion of M. Chaput's speech various other members gave their results. M. Delbert said that



he had tried the method in tuberculous cases in his wards, and had either obtained no results or results which were harmful, and, moreover, he considered that if surgical treatment had been employed good would have been done. M. Arrou had used the method for four years in cases of white swelling, both fistulous and otherwise. The fistulous cases had markedly improved, but in not a single one of the others was there any improvement. M. Routier had tried the method in two cases without success, and M. Tuffier had after two year's trial given up the method because he had never found any favorable results accrue.—Medical Standard.

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### GOUTY DYSPEPSIA AND ACIDITY.

In the course of an article in the Practitioner for July, 1909, Luff says that in addition to the usual remedies, such as bismuth subcarbonate, sodium bicarbonate, bitters, etc., taka-diasase is a most powerful drug in the treatment of gouty dyspepsia. It is made up in the form of tablets containing two and a half grains in each tablet, and one of these should be taken immediately before each meal. The taka-diasase encourages the digestion of the carbohydrate elements of the food, and so prevents the development of fatty acids, which by their irritating effects are so common a factor in the development of gouty dyspepsia.

The treatment of hyperchlorhydria consists in a proper regulation of the diet by cutting off any excess of the proteid articles of diet, and by neutralizing the superfluous acid by the administration of some alkali. A drug that the author has found most useful in the treatment of this hyperchlorhydria is the magnesium peroxide. It not only gives immediate relief from pain and discomfort by its neutralizing effect on the excess of acid, but it also parts with one-half of its oxygen, and acts as an internal antiseptic. It is a most valuable drug in many abnormal gastric and intestinal fermentations. It is a white tasteless powder, and is best given in a little milk, in doses of from 20 to 30 grains three or four times a day, taken one hour after meals. If it exerts too great a purgative effect, the dose should be diminished. It is also very useful in allaying the irritation in many cases of gouty pruritus, probably due to absorption of a toxin or toxins from the intestinal tract. In cases of ordinary neurotic dyspepsia, associated with flatulence, the drug is, in the experience of the author of no value whatever.

Hebetic torpor is a very common form of irregular gout, due to defective metabolism of the liver, and is known as hepatic inadequacy. In this form the feces are pale, generally very offen-

sive, and as a rule constipation occurs. Slight jaundice is usually present, as evidenced by a yellowish conjunctiva and muddy complexion, and the urine is highly colored, of high specific gravity, and very acid. In the treatment of this form of irregular gout the most important consideration is the restoration of the liver to its normal state of activity, and here the alkali sodium salt are especially useful. There is no better treatment at the outset than a dose of "blue pill" or calomel at night, followed by a dose of Epsom salts or Carlsbad salts in the morning. Subsequently, a pill containing a small dose of "blue pill" or calomel, combined with euonymin and colocynth, will be found most useful. In such cases of gouty hepatic inadequacy a mixture which the author has found most beneficial as regards its stimulating effect on the metabolism of the liver, and also of the gastrointestinal tract, is the following, which should be taken a quartet of an hour before meals:

R Sodii bicarbonatis, gr. xij;

Tinct. nucis vom. min. x;

Tinct. gentian co., f 3ss;

Sp. chloroformi, min. xij;

Aq. menth. pip., ad f 3j.

—Therapeutic Gazette.

## SENSE AND NONSENSE.

It might be suggested that if some people were struck in the "lumber" region, a fracture of the skull might be the result.

Owing to the overcrowded condition of our columns a number of births and deaths are unavoidably post-poned this week.—Leesville (Mo.,) Light.

A recent number of a New York lady's magazine, in its "House-keeper's Department," informs its readers that "Virginia housewives make the best pickles." This is a horrible suggestion.—All-bright's Office Practitioner.

## The Dr. Jekyll and Mr. Hyde in Great Men.

Handel, in the course of a drunken spree lasting over a month, wrote "The Messiah." How explain such a seeming paradox? Swinburne wrote his most inspired verses when drunk. When his friend Watts-Dunton induced him to alter his method of gaining inspiration the poet ceased to produce anything revealing the fire and beauty of genius. When Longfellow met Tennyson, the pure and gentle New Englander was utterly shocked by the Englishman's obscene stories. Judging him by his verse, Longfellow expected to find the "linnet singing on the wrists of kings" a person

of singularly pure mind. Tennyson had no idea that he was offending the American poet, and, when apprised of the fact later by a friend to whom Longfellow had expressed his disgust, made an apology, giving incidentally a most peculiar explanation of his brutal coarseness. This explanation is of interest to us in this connection. It seems that the beautiful imagery of his verses represented merely a kind of reaction against the coarse and obscene thoughts that usually occupied his mind. After composing the most delicate lines and spending great effort in the selection of charming phrases he found the inclination to lapse into the coarsest vernacular irresistible. It afforded him the greatest relief. This psychologic phase satisfied, he lapsed back into the other and out of ugliness, beauty was born, perhaps the Lady of Shalott, perhaps In Memoriam.

Every evil has its good.—Critic and Guide.

—o—

**THE PEDESTRIAN IN 1910.**—Chug-chug! Br-r-r! br-r-r! Honk-honk! Gilligillug-gilligillug!

The pedestrian paused at the intersection of two busy cross streets, and looked about.

An automobile was rushing at him from one direction, motor-cycle from another, an automobile truck was coming from behind and a taxicab was speedily approaching.

Zip-zip! Zing-glug!

He looked up and saw directly above him a runaway airship in rapid descent.

There was but one chance. He was standing upon a manhole cover. Quickly seizing it, he lifted the lid and jumped into the hole—just in time to be run over by a subway train.—Lippincott's

—o—

An old German, wearing a faded blue coat and a campaign hat, limped into the office of a palatial dog and horse hospital bequeathed by a humane millionaire to the town of X.

"I wish to be admitted to dis hospital," he announced to the superintendent. "I've got heart trouble. I'm a G. A. R. man, und I can prove it."

"But you can't enter this institution, my good man."

"Sure I can. I fight at Gettesburg. I haf got a weak heart efer since. I can prove it."

"Yes, but you can't enter this hospital; it's a ———"

"Can't huh? Vhy not? I vas a solcher. I can prove it."

"But this is a veterinary hospital."

"I know dot. Ain't I choost tellin' you dot I'm a veteran?"

—Medical Standard.

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# CONTENTS.

	PAGE
Insanity as the World Sees It, by DR. C. C. GODDARD.....	1
Should the State Maintain Sanatoria for Tuberculous Patients, by DR. J. A. MILLIGAN.....	4
The Goat, by DR. J. E. MINNEY.....	12
Treatment of Pneumonia. by DR. B. E. McSHANE.....	15
Case Reports—Gumma of External Nose—Serous Cyst of the Iris, by DR. J. S. WEAVER.....	17
Staple Products, by DR. D. D. HAGGARD.....	21
Hernia, by DR. S. MURDOCK.....	22
EDITORIAL.....	25
CLINICAL NOTES.....	27
NEWS NOTES.....	32

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# CONTENTS.

	PAGE
Some Observations on the Work of the State Board of Health, by DR. S. J. CRUMBINE.....	37
Renal Calculus, by D. W. BASHAM, M. D.,.....	54
EDITORIAL,.....	59
CLINICAL NOTES,.....	61
NEWS NOTES,.....	65
BOOK REVIEW.....	68

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# CONTENTS.

	PAGE
The Potency of Out-Dated Diphtheria Antitoxin, by DR. J. E. HUNT .....	73
Exophthalmic Goitre, by DR. MERVIN T. SUDLER.....	75
Tonsillotomy and Tonsilleectomy, by DR. J. S. WEVER.....	80
Should Kansas Maintain an Institution for the Care of Her Tuberculous Citizens, by DR. J. A. MILLIGAN.....	87
Report of a Case of Appendicitis in an Infant Seven Months of Age, with the Suggestion that the Difficulty of Diagnosis is Probably Accountable for the Rarity of the Conditions in Infants, by DR. R. B. GIBB.....	91
Early Infantile Mortality, by DR. M. R. MITCHELL.....	92
EDITORIAL.....	98
NEWS NOTES.....	100
CLINICAL NOTES.....	104
BOOK REVIEW.....	107

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# CONTENTS.

	PAGE
Operative Displacement of the Bladder in the Treatment of Extensive Cystocele, by DR. FRANK A. CARMICHAEL.....	109
Early Diagnosis of Tuberculosis, by DR. S. C. EMLEY.....	117
Doctors and Medicine—Past and Present, by DR. J. DILLON.....	123
Abnormalities of the Gravid Uterus and Their Treatment, by DR. FRANCES A. HARPER.....	128
Gunshot Wound of the Chest, by DR. R. S. MAGEE.....	133
EDITORIAL.....	136
NEWS NOTES.....	139
SOCIETY NOTES.....	141
CLINICAL NOTES.....	145
BOOK REVIEW.....	149

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# CONTENTS.

	PAGE
President's Address, by DR. C. C. GODDARD.....	151
The Technic of Skin Grafting, by DR. N. C. MORROW.....	156
Penetrating Abdominal Wounds, by DR. R. C. LOWMAN.....	160
EDITORIAL,.....	165
NOTES OF THE EMPORIA MEETING.....	167
NEWS NOTES,.....	170
SOCIETY NOTES.....	172
CLINICAL NOTES,.....	175
BOOK REVIEW.....	179

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# CONTENTS.

	PAGE
Post-Diphtheritic Complications and Their Prophylactic Treatment, by DR. L. W. SHANNON,.....	181
Puerperal Eclampsia, by DR. J. H. LANGWORTHY,.....	186
Uterine Hemorrhage with Special Reference to the Menopause and Uterine Cancer, by DR. J. C. SHAW,.....	189
Report of a Case of Gastric Ulcer, Gastro-Jejunostomy; Results: Necessity of an Early Diagnosis, by DR. R. B. GIBB,.....	194
EDITORIAL,.....	197
NEWS NOTES,.....	198
SOCIETY NOTES,.....	201
Proceedings of the Forty-third Annual Meeting of the Kansas Med- ical Society, held at Emporia, May 5-7, 1909,.....	203
The Origin of the University of Kansas School of Medicine, by DR. S. W. WILLISTON,.....	212
Increasing Prevalence of Animal Tuberculosis, by A. D. MELVIN, Chief of Bureau,.....	215
CLINICAL NOTES,.....	217

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# CONTENTS.

	PAGE
Treatment of Fractures of the Patella, with Report of Three Recent Cases, with Accompanying Skiagraphs, by DR. GEO. M. GRAY	221
Cancer of the Female Breast, by DR. JABEZ N. JACKSON.....	229
A Clinical and Bacteriological Study of 41 Consecutive Cases of Diphtheria, by DR. E. E. WUTKE.....	239
EDITORIAL,.....	246
NEWS NOTES,.....	250
SOCIETY NOTES,.....	254
NOTES OF THE ATLANTIC CITY A. M. A. MEETING.....	255
The Mortality in One Thousand Operations for Goitre.....	258
CLINICAL NOTES,.....	262

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# CONTENTS.

	PAGE
Cholelithiasis from a Surgical Standpoint, by DR. H. G. WELSH. .	265
The Ideal Relation Between Doctor and Druggist, by DR. W. A. KLINGBERG. ....	269
The Exploratory Incision, as an Aid to Diagnosis, by DR. R. A. STEWART and DR. J. W. YOUNG. ....	272
What the Douglas County Medical Society Means to Me, by DR. S. T. GILLESPIE. ....	274
Rabies and Its Diagnosis, by DR. A. B. JEFFREY. ....	277
EDITORIAL, .....	285
NEWS NOTES, .....	291
SOCIETY NOTES, .....	297
The Treatment of Tachycardia. ....	299
"Mr. Dooley" on Psychotherapeutics. ....	301
CLINICAL NOTES, .....	303

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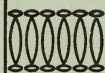
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# CONTENTS.

	PAGE
A Case of Sporotrichal Infection, by DR. W. K. TRIMBLE and DR. F. W. SHAW.....	305
The Diagnostic Significance of Variations in the Hydrochloric Acidity of the Gastric Contents, by DR. FRANK A. CARMICHAEL	312
Intussusception, by DR. ARTHUR MOBERG.....	316
The Early Diagnosis of Pulmonary Tuberculosis, by DR. C. S. KENNEY.....	318
EDITORIAL,.....	324
NEWS NOTES,.....	327
SOCIETY NOTES,.....	332
COMMUNICATIONS.....	344
CLINICAL NOTES,.....	330

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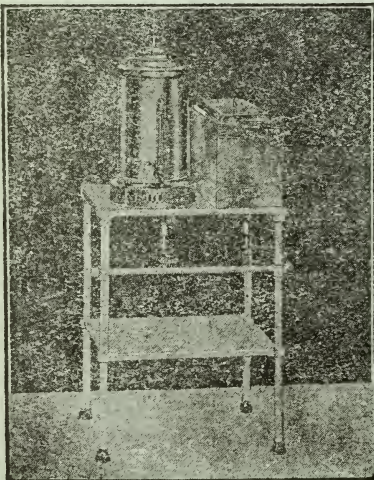
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# CONTENTS.

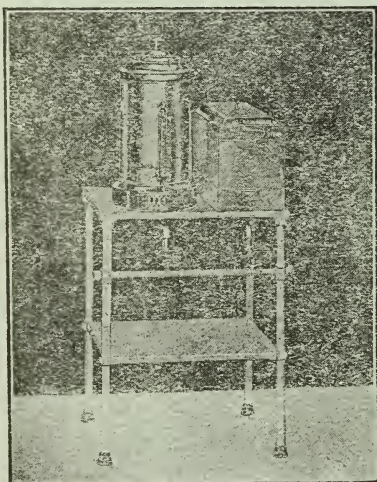
	PAGE
Injuries of the Spinal Cord due to Accident, by DR. O. D. WALKER	345
A Few Remarks on the Treatment of Heart Disease, by DR. R. C. LOWMAN.....	353
The Air as a Carrier of Infection, by PROF. I. H. HYDE.....	356
A Case of Peliosis Rheumatica, by DR. FREDERICK W. SHAW..	363
EDITORIAL,.....	365
NEWS NOTES,.....	366
SOCIETY NOTES,.....	370
COMMUNICATIONS.....	374
SURGICAL NOTES.....	375
MEDICAL NOTES.....	376
CLINICAL NOTES.....	378

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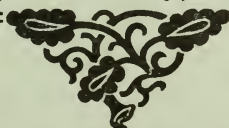
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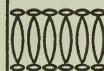


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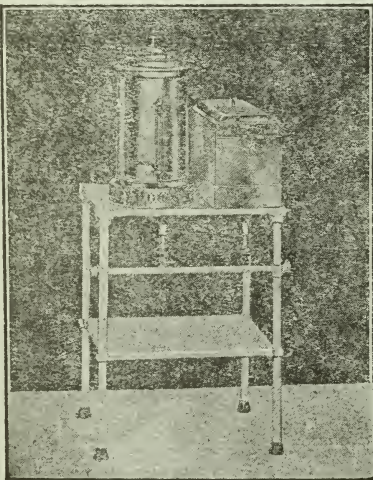
# CONTENTS.

	PAGE
Scar Tissue in the Upper Respiratory Tract, by DR. W. E. McVEY,..	385
Mental Derangements after Infectious Disease, by DR. H. L. CHAMBERS, .....	389
The Etiological Factors Producing the Non-Suppurative or Dry Catarrh of Middle Ear, by DR. W. H. GRAVES,.....	393
Report of a Case of Spina Bifida, by DR. E. A. REEVES,.....	396
EDITORIAL, .....	399
NEWS NOTES,.....	402
SOCIETY NOTES,.....	405
STATE BOARD OF HEALTH NOTES.....	409
GYNECOLOGICAL NOTES.....	416
OBITUARY .....	418
CLINICAL NOTES.....	419

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# CONTENTS.

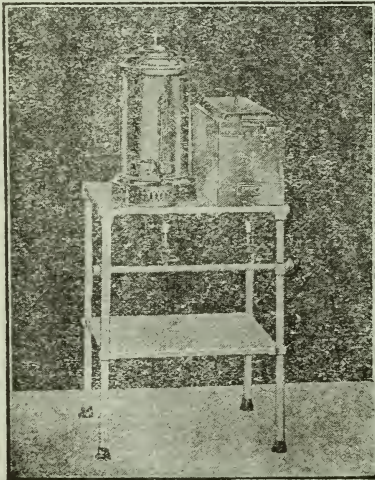
	PAGE
The Present Status of Serum Therapy, by Dr. S. A. JOHNSON,.....	425
Report of Clinical Cases, with Remarks, by Dr. R. C. LOWMAN,.....	435
EDITORIAL,.....	440
NEWS NOTES,.....	441
SOCIETY NOTES,.....	449
STATE BOARD OF HEALTH NOTES,.....	452
GYNECOLOGICAL NOTES,.....	455
SRUGICAL NOTES,.....	456
CLINICAL NOTES,.....	464

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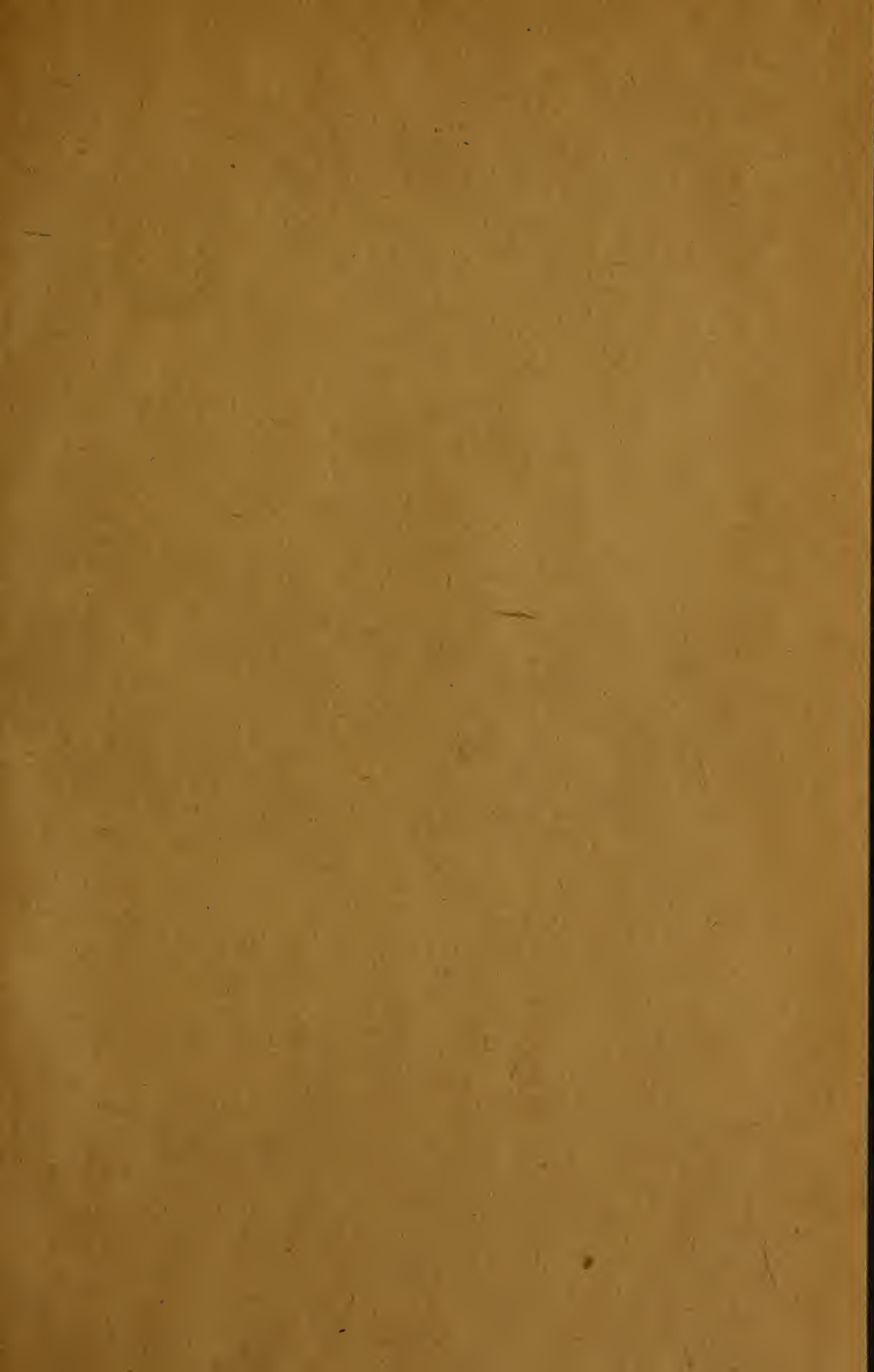
















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